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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	CERTIFICATI	E OF DEATH 14128
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	Frederick	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Frederick 9 das.	Poolesville Rural 15 - 2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Frederick Memorial Hosp.	YES NO
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print)	DEATH OCTABAN ON 1900
5.	Evalvn Darny	B. DATE OF BIRTH DEATH October 222 1966 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months Days Hours Min.
	Female White WIDOWED DIVORCED	Feb. 10 1905 61 yrs.
0a lur	USUAL OCCUPATION (Give kInd of work done Industry Industry) USUAL OCCUPATION (Give kInd of work done Industry) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife	Montg. Md. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Tanank W. Dank	34 (3)
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	Mary Chiswell
	s, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	No J.	Kenneth Allnutt Poolesville, Md.
I	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: Rhall h	ONSET AND DEATH
	IMMEDIATE CAUSE (a) / / retimatic Heart	DINGU WITH CAL
4	THE TO	
1	Conditions, If any, which) (b)	
Н	gave rise to Immediate	
	cause (a), stating the DUE TO	
	underlying cause last. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5		YES NO D
	20a. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Mice. (Enter ratio of many in Part 1 of Part 11 of Rein 10.)
Y.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
5	Hour a.m. While Not While factor	ry, street, office bldg., etc.)
M.	p.m. 19 at work at work	
ч	21. certify that (I) (this hospital) attended the deceased from	
-	saw the deceased alive on19 and that	death occurred at 950P M, from the causes and on the date stated above.
1	22a SIGNATURE 1 0	22b. DATE SIGNED
	1 1 1 1	ATTENDING MED. STAFF
	M.D.	
1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	A. Austin Pearre, Jr.	804 Toll House Ave. Frederick, Md.
За.		
П	Burial 10/25/66 Monocacy	Beallsville Md.
24.		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Hilly a Principal Home Barnessilli	Md. DATE CT ~ 7 1956 Misseles Judge
	/tilton & Funeral Home Barnesville,	Md. DATED CI ~ (1950)

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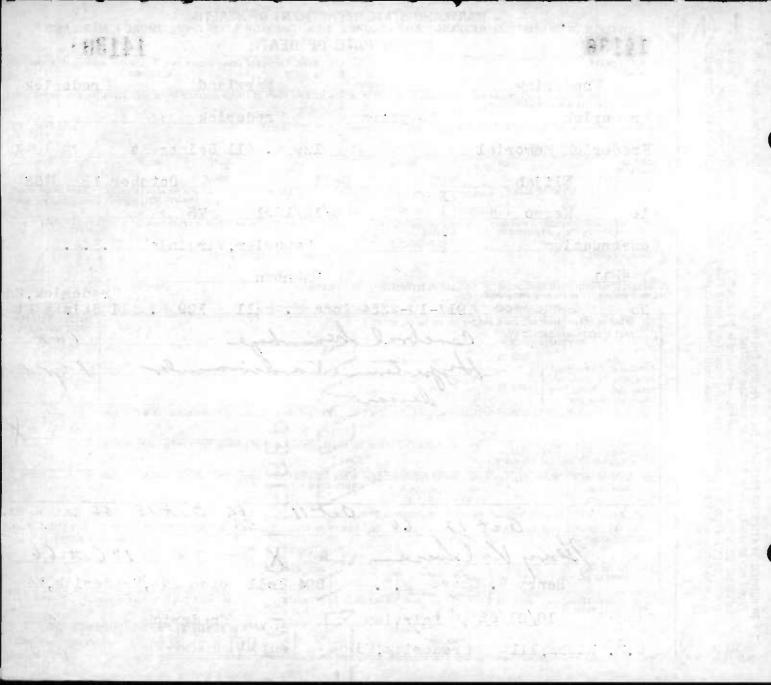
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending obysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of tembora, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
DUNTY

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a a. STATE b. COUNTY

1.	PLACE OF DEATH a. CDUNTY	a. STATE	CE (Where deceased lived, If institu b. COUNTY	tion: Residence before admission)
	Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		ryland foutside corporate limits, write	Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITT DR IDWN (I	r outside corporate ilinits, write	KOKAL and give nearest town)
	Frederick 50 years		derick	19.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
	Frederick Memorial	129 W.	All Saints St	YES ND X
3.	NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
	(Type or print) Elijah NMN B	all	DEATH Octobe	er 18 1966
5.		. DATE OF BIRTH	9. AGE (In years IF L	JNDER 1 YEAR IF UNDER 24 HRS.
BA	T PARTY TO THE PAR	8/15/1891	104 6	nths Days Hours Min.
	NEUR NEURO WIDDWED DIVORCED	the same of the same of the same		12. CITIZEN OF WHAT
dur	ing most of working life, even if retired) INDUSTRY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CDUNTRY?
**	Construction	Fauqui	er Virginia	U.S.A.
13.	FATHER'S NAME	14. MDTHER'S MAI	DEN NAME	
	? Ball	Unknown		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17.	INFORMANT	Address	Emoderately Ma
(11	is, no, or unkown) (If yes give war or dates of service)	M D	33 300 101 4:	Frederick, Mc
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	nna M. Ba	11 129 W. A.	11 Saints St
	PART I, DEATH WAS CAUSED BY:	1		DNSET AND DEATH
	IMMEDIATE CAUSE (a) Corectal	Umenha	90	I w.K.
	TTTT X DUE TD //			
	Conditions, If any, which (b) Anherten	a Cando	ivascular	1 unt
	gave rise to immediate			
	underlying course lead			
No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTDPSY
AT	STATE OF THE PROPERTY OF THE P	TED TO THE TERMINAL	210210200111101101101111111111111111111	PERFORMED?
FIC				YES ND
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature o	of injury in Part I or Part II of it	em 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC	E DF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)
EDIC	Walle Not walle	y, street, office bldg.,	etc.)	
Σ	p.m. 19 at work at work	-1-17	11 3 1 10	//
	21. I certify that (I) (this hospital) attended the deceased from Q		966, to Oct 18,	
		death occurred at-	5A M, from the causes and	
	22a. SIGNATURE	ATTENDING M	MED. STAFF	2b. DATE SIGNED
	Horry V, Chaze M.D.	rnis. A	DIRECTOR PHYS.	70et 66
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		
	Henry V. Chase M.D.	804 Tol	1 House Ave, Fr	rederick, Md
23a		OR CREMATDRY	23d. LDCATION (City, town	
	REMDVAL (Soecify)		The advisor	3.6.3
24	FUNERAL DIRECTOR ADDRESS	1 25a. RE	Frederick C'D BY REGISTRART 25b. REGIS	STRAR'S SIGNATURE
-		2031 112	OCT 2 1 1966 &	Charles Judge
	C.E. Hicks, 111 Frederick, Md	DATE	DOI WIT HOOF	

VR AI5 (4) 2DM 1/65



	DIVISION OF STATISTICAL RES	EARCH AND RECORDS	PARIMENT OF HEALTH, 301 W. PRESTON STREET E OF DEATH	
1.	PLACE OF DEATH a. COUNTY Frederick	MARYLAND		b. COUNTY Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo Frederick	orate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in Frederick Memorial I		d. STREET ADDRESS 522 Pearl	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)

	d. HAME OF HO	SITIAL OR INSTITUTION (ii not in nospital, give street a	uutess)	d. SIREEI ADDRESS				ON A	FARM?
	Fre	derick Memor	ial Hospital		522	Pearl	St.			No 🔀
3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Month	D	ay Ye	ar
7	(Type or print)	Bet	ty		Baker	DEATH	Octobe	er 3:	L- 19	66
5.	SEX	6. COLOR OR RACE 7.	MARRIED X NEVER MARRIE		8. DATE OF BIRTH	9.	AGE (In years IF last birthday) M	UNDER 1 YE	W-1007	R 24 HR
]	Female	White	WIDOWED DIVORCE		January 25-	1921	45 yrs.	onths Day	s Hours	Min.
10 du	a. USUAL OCCUPAT	TION (Give kind of work don ing life, even if retired)	10b. KIND OF BUSINESS OR	2	11. BIRTHPLACE (Co	ounty & State,	or foreign country)	12. CITIZE		T
	Housewi				Frederic	k Co. I	Id.		U.S.A	
13	. FATHER'S NAM	IE .			14. MOTHER'S MAID	EN NAME		THE		
	Geor	ge Grove			Carr	ie Brow	m			
1! (Y	5. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or dates of ser	ES? 16. SOCIAL SECURITY NO	. 17.	INFORMANT		Address			
	No		213- 24-9921	Ra	y V. Baker-	522 Pea	arl StFr	rederi	ck, Me	d.
			ause per line for (a), (b), and (c).]		-			TERVAL BI	
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	CORONA	- Re	1 OCCL	uS161	N	0	ST AND	DEATH
	420	DUE TO			1				1 2	
	Conditions, If	any, which \ (b)	ARTERI	20	CJEROTIC	CHE	ART UI	5	- W	4123

gave rise to immediate DUE TO stating the cause (a), underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) nellitus

WAS AUTOPSY PERFORMED? 19. NO X

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm,

DIRECTOR

(State)

(State)

Hour a.m.

While Not While

factory, street, office bldg., etc.)

20f. (City or town)

(County)

p.m.

19 at work at work

NAME OF CEMETERY OR CREMATORY

21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive 22a. SIGNATURE

and that death occurred a ATTENDING PHYS. M.D. 22d.

22b. DATE SIGNED STAFF PHYS.

from the causes and on the date stated above.

PHYSICIAN'S NAME (Type)

Dr. John H. Teske

ADDRESS

Montclaire Ave .- Frederick, Md. 21701 LOCATION (City, town or county)

BURIAL, CREMATION, REMOVAL (Specify) Burial FUNERAL DIRECTOR M.R. Etchison & Son

DATE THEREOF 23b. Nov. 2-1966

Mt. Olivet Cemetery ADDRESS Whitmore Frederick, Md.21701

REC'D BY REGISTRAR | 25a.

Frederick, Md. 21701 25b. REGISTRAR'S SIGNATURE 1966

A15 (4) 1/65 20 M

by the funeral

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completely

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attending physicial rmit. Then please or remova

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IO FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the hospital or attending physician.

as the burial-transit permit. prior to burial, cremation, or

use

director, page 3 should be detached for use should be filed with the State Dept, of Health

CERTIFICATION

MEDICAL

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ve carbon papers. Pages 1 event, within 72 hours after

death.

hours after

executed within

death certificate be

OR ATTENDING PHYSICIAN: The law requires that the

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14131

1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where deceased li		Residence before a	idmission)
a. CDUNTY	erick		a. STATE	yland	b. COUNTY	derick	
		MARYLAND c. LENCTH OF STAY IN 1		If outside corporate			st town)
	outside corporate limits, ive nearest town)						,
	erick	hospital, give street addres	d. STREET ADDRESS	al- Browni	ngsville		SIDENCE
d. NAME OF HUSPITAL	. OK INSTITUTION (IT NOT IN	nospital, give street addres	G. STREET ADDRESS	S		DN A	FARM?
Fred	lerick Mem. H	ospital	R.F.	.D. Ijamsv	rille	YES 3	NO 🗌
3. NAME OF DECEASEO	First	Middle	Last	4. DATE OF	Month	Day Ye	ear
(Type or print)	Lula		arnes	DEATH	Oct.		66
5. SEX 6. C	OLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IF UNDE Irthday) Months	R 1 YEAR IF UNDE	
Female W	hite WIDOWE	DIVORCED	April 12,1	1899 67	vrs. Months	Days Hours	IALIA.
10a. USUAL OCCUPATION (G	ive kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fore	ign country) 12.	CITIZEN OF WHA	T
during most of working lif Housewif		Own home	Browni	ngsville,		USA	
13. FATHER'S NAME		OWN MODIC	1 14. MOTHER'S MAI		1144	0.022	
D 11	D		Danidon	ce Burdett			
Dorsey W		6. SOCIAL SECURITY ND. 1	7. INFORMANT	ce Durder	Address		
(Yes, no, or unkown) (If yes	give war or dates of service)						
No		None	James R.H.	Barnes,	Item 2		
	[Enter only one cause per	line for (a), (b), and (c)	100	1 1	4	INTERVAL BI	DEATH
PART I. DEATH V	VAS CAUSED BY:	Tassive Ce	remal &	Marchen			
332 X	DUE TO C	1 1 1	1 .	0			
Conditions, If any,		Stentul H	pertensin				
gave rise to Imme	diate	1	1	7		-	
underlying cause last	rue	martine +	el Generas 11				
PART II. OTHER SICNIF		BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASE CONDITION	CIVEN IN PART 1(a	a) 19. WAS A	
CAT						YES T	NO.
PART II. OTHER SICNIF	UNDERLYING 20b.	DESCRIBE HOW INJURY OF	CCURRED. (Enter nature	of Injury In Part I or	Part II of Item 1	.8.)	. 4
OR CONTRIBUTING [CAUSE OF DEATH						
		INJURY OCCURRED 20e.	PLACE OF INJURY (Home,	farm, 20f. (City o	r town) (C	ounty)	(State)
ZOC. TIME DF INJUR Hour a.m. p.m.	While	fa	ctory, street, office bldg.,		(0	,	,
p.m.	19 at wo	ork at work					
		nded the deceased from_					
saw the decease	d alive on Oct. 1	19_66, and t	hat death occurred at	LOP M, from the			d above.
22a. SICNATURE	0 + 1		**********	MCD CT		DATE SICNED	-//
	(Mellen !	leave.	M.D. PHYS.	MED. ST PH	AFF YS. Oc	ct. 1, 1	.966
22c. PHYSICIAN'S NAME (Type)	1 1 1 1	- 0	22d. ADDRESS	3.3 17		3 3 - 1-	26.0
MAME (Type)	A. Austin Pe	earre, Jr.	804 To	ll House A	ive., Fre	ederick,	Ma.
23a. BURIAL, CREMATION	, 23b. DATE THEREDF	23c. NAME DF CEMET	ERY OR CREMATORY	23d. LOCATID	N (City, town or o	ounty) (S	State)
REMDVAL (Specify) Burial	Oct. 5. 196	6 Bethesd	a Math.	Brown	incevill	bM e	
24 FUNEDAL DIRECTOR		ADDRESS	25a. R	EC'D BY RECISTRAR			4.0
Molin L. A	plesworth	Damascus, Md	DATE	nct 7' 19	66 John	mes Jue	ye.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION

CERTIFICATE OF DEATH

1/1129

								1 1 1 1	C
		nette.T	MARYLA	ND					
b. CITY OR TOW	N (If outside corpor	ate limits,		N 1b				te RURAL and	give nearest town)
rederi	čk.	,,,,	2 days		Rural Bui	kittsv	ille		10-1
				lress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO X
DECEASED	Olen	First	Middle Luther	В	Last Beachley	4. DATE OF DEATH	Month Oct.		Day Year 23 1966
	6. COLOR OR RACE White	7. mantitud					GE (In years I	MOTO DE	AR IF UNDER 24 HRS. Hours Min.
USUAL OCCUPATION WORK	ION (Give kind of wor ag life, even if retir Laborer	kdone 10b.					-	12. CITIZI	EN OF WHAT
							ise		
WAS DECEASED I	VER IN U.S. ARMEO I (If yes give war or dates	FORCES? 16 s of service) 2]	. social security no. 7-10-9611			chley		-	Letown, Mc
	ATH WAS CAUSED B	Y:	line for (a), (b), and (c).]				0	NTERVAL BETWEEN ONSET AND OEATH 24M2S
	any, which }	(b) BB	Kusting an	d	Perforater	2 guste	c alcer		3 weeks
cause (a), st	ating the OU	(c) 90	skie alce	1		0			cous
PART II. OTHER S	IGNIFICANT CONDIT	TONSCONTRIC	DUTING TO DEATH BUT NO	TRELA	ATED TO THE TERMINAL	DISEASE CONOIT	TION GIVEN IN P	PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DE TIFY MEDICAL EXAM	ATH INER)	DESCRIBE HOW INJURY	OCCL	JRREO. (Enter nature o	of Injury in Part	I or Part II of	Item 18.)	
Hour a.n	n.	While	e Not While	e. PLA facto	CE OF INJURY (Home, 1 ory, street, office bldg.,	arm, 20f. (CI etc.)	ty or town)	(County)	(State)
		spital Patten		m_/	0/21	1966 to /	0/23	,	that (I) (we) last
		10/ de	3 19 00, an	d that				and on the o	
	N'S Robert	Thoma	as M.D.	M.D	D. PHYS. 22d. AODRESS	OIRECTOR L	PHYS.	a	
RIIRIAI CREM				IFTERY) (State)
BUEN GANT Isbe									Md.
FUNERAL DIRE	CTOR		ADDRESS		1 25a DI				LOMATURE
Gladhil			Middletow			C'D BY REGISTI	RAR 250. RE	GISTRAR'S S	IGNATURE
	County or town Trederi b. city or town Trederi d. NAME OF HOS Frederi NAME DF DECEASED (Type or print) SEX ale USUAL OCCUPAT BUSINAL OCCUPAT FATHER'S NAM illiam WAS OECEASED E PART I. DE Conditions, If gave rise to cause (a), si underlying caus PART II. OTHER'S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO) 20c. TIME OF I HOUR an, p. 21. I certif saw the dec 22a. SIGNATUR 22c. PHYSICIA DEMANDATION BURIAL, CREM BURIAL, CREM	with RURAL and give nearest to rederick. d. NAME OF HOSPITAL OR INSTITUTE TrederickMemori PrederickMemori NAME DF DECEASED (Type or print) SEX 6. COLOR OR RACE White USUAL OCCUPATION (Give kind of wonnermost of working life, even if retired to the control of unknown) FATHER'S NAME 11 iam Beachley WAS DECEASED EVER IN U.S. ARMED (If yes give war or date 18. CAUSE DF DEATH [Enter only or unknown) PART I. DEATH WAS CAUSED FIMMEDIATE CAUS 540 Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DECISION OF CONTRIBUTION OF CAUSE OF DECISION OF CONTRIBUTION OF CONTRIBUTI	Conditions, If any, which gave rise to be cause (a), stating the underlying cause last. Conditions, If any, which gave rise to be cause (a), stating the underlying cause last. Con Contributing Cause of Death (if either, notify Medical examiner) Contributing Cause last. Con Contributing Cause of Death (if either, notify Medical examiner) Contributing Cause last. Contributing Cause of Death (if either, notify Medical examiner) Contributing Cause of Death (if either, notify Medical examiner) Contributing Cause of Death (if either, notify Medical examiner) Contributing Cause last. Contributing Cause last. Contributing Cause of Death (if either, notify Medical examiner) Contributing Cause last. Contribution Cause last. Contribution Cause last. Contribution Cause last. Contribution Cause last. Contributi	D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY I 2 days and give nearest town) Trederick ANAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street and PrederickMemorial Hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NO. 2002. ACCIDENT WAS UNDERLYING DOLL TO CONTRIBUTING DEATH CITY CO. 2002. ACCIDENT WAS UNDERLYING DOLL TO CO. 2002. ACCIDENT WAS UNDERLYING DOLL EXAMINER) 2002. ACCIDENT WAS UNDERLYING DOLL TO CO. 2002. ACCIDENT WAS UNDERLYING DOLL EXAMINER) 2003. ACCIDENT WAS UNDERLYING DOLL TO CO. 2002. ACCIDENT WAS UNDERLYING DOLL EXAMINER) 2004. IMMEDIAL CALSE OF DEATH HOUR A.M. 19 2004. ACCIDENT WAS UNDERLYING DOLL TO CO. 2002. ACCIDENT WAS UNDERLYING DOLL EXAMINER) 2005. DESCRIBE HOW INJURY OCCURRED DOLL TO CO. 2002. ACCIDENT WAS UNDERLYING DOLL EXAMINER) 2006. DESCRIBE HOW INJURY CO. 2002. ACCIDENT WAS UNDERLYING DOLL EXAMINER) 2007. TIME OF INJURY MONTH, Day, Year AUGUST DOLL EXAMINER) 2008. ACCIDENT WAS UNDERLYING DOLL TO CO. 2002. ACCIDENT WAS UNDERLYING DOLL EXAMINER) 2008. ACCIDENT WAS UNDERLYING DOLL TO CO. 2002. ACCIDENT WAS UNDERLY TO CO. 2002. ACCIDENT WAS	D. CITY OR TOWN (if outside corporate limits, rite RURAL and give nearest town) Prederick A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) PrederickMemorial Hospital NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) PrederickMemorial Hospital NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) PrederickMemorial Hospital NAME OF DECEASED (Type or print) Olen SEX a. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED NUMBER OF DECEASED NEVER MARRIED DIVORCED NUMBER OF DECEASED NEVER MARRIED DIVORCED NUMBER OF MORKING OF BUSINESS OR REAL STREET NAME NUMBER OF DECEASED NEVER MARRIED DIVORCED NUMBER OF DECEASED NEVER MARRIED DIVORCED NUMBER OF DEATH (Fettred) 10. KIND OF BUSINESS OR REAL STREET NAME 11 am Beachley WAS DECEASED EVER IN U. S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 18. CAUSE DF DEATH (Enter only one cause per lime for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 11 am Death Was CAUSED BY: 12 am Decease 13. 14 am Decease 14 am Decease 14 am Decease 15 am Decease 15 am Decease 16. SOCIAL SECURITY NO. 17. 17. 17. 18. CAUSE DF DEATH (Enter only one cause per lime for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 17 - 10 - 9611 F1 18. CAUSE DF DEATH (Enter only one cause per lime for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 17 - 10 - 9611 F1 18. CAUSE DF DEATH (Enter only one cause per lime for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 17 - 10 - 9611 F1 18. CAUSE DF DEATH (Enter only one cause per lime for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 17 - 10 - 9611 F1 19. COURT OF COURT OF CAUSE OF DEATH (DOE TO A), (b), and (c).] 17 - 10 - 9611 F1 19. COURT OF COURT OF CAUSE OF DEATH (DOE TO A), (b), and (c).] 17 - 10 - 9611 F1 20. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED (C), PLATE OF CAUSE	MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURL) D. CITY OR TOWN (If outside corporate limits, write RURL) D. CITY OR TOWN (If outside corporate limits, write RURL) D. CITY OR TOWN (If outside corporate limits, write RURL) D. CITY OR TOWN (If RURL) D. CITY OR TOWN (If RURL) D. C.	D. CITY OR TOWN (If outside corporate limits, with the properties of the property of the prope	D. CITY OR TOWN (II outside corporate limits, with redefined to the coarset town) D. CITY OR TOWN (II outside corporate limits, with redefined to the coarset town) C. LENGTH OF STAY IN 1b 2 days C. LENGTH OF STAY IN 1b 2 days G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PrederickMemorial Hospital NAME OF First Litther Beachley G. STREET ADDRESS A. DATE OF MORTH OPEN OF PINT OLEN SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV 30, 1897 Geath Octave Beachley White Widowed Downered Nov 30, 1897 Geath Octave Beachley III. BIRTHPLACE (County & State, or foreign country) Frederick, Maryland 11. BIRTHPLACE (County & State, or foreign country) Frederick, Maryland 14. Mother's Maloe NAME Anna Mary Cronise Was Deceased ever in U.S. ARMEO FORCES? III. DEATH (Enter only one cause per Jine for (a), (b), and (c).1 PART I. DEATH Was CAUSED BY: JOUE TO Conditions, It any, which (b) GOUL TO CONDITION OF BUSINESS OR RAMINAPPORT 15. COUNTRY & State, or foreign country) Frederick, Maryland 16. CAUSE OF DEATH (Enter only one cause per Jine for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: JOUE TO CONDITION OF WAS CAUSED BY: JOUE TO CONDITION OF THE SIGNIFICATION OF THE LITTER OF THE THE MINAL DISEASE CONDITION GIVEN IN INCOME. 200. ACCIDENT WAS UNDERLYING OUE TO CONTRIBUTION OF CANTER OF DEATH GIVE THE COUNTRY AS UNDERLYING OUE TO CONTRIBUTION OF CAUSE OF DEATH GIVE THE COUNTRY AS UNDERLYING OUE TO CONTRIBUTION OF COUNTRY OF COURTEO 200. ACCIDENT WAS UNDERLYING OUE TO CONTRIBUTION OF COURTED OF THE THOUSE OF DEATH GIVE THE COUNTRY OF COURTEO AND THE COURT OF THE COUNTRY OF COURTEO AND THE COURT OF THE COURT O	PLACE OF DEATH THE CHIEF CRICK MARYLAND D. CHTY OR TOWN (If outside corporate limits, write RURAL and Twite RURAL and RURAL BURKLITTS WILLIAM RURAL BURKLIT

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and I should be filled in by the transit permit. One please remove carbon papers after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13	133	CERTIFICATE	OF DEATH	14133
a. COU	of DEATH NIY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased in a. STATE Maryland b.	ved, If institution, Residence before edmission) COUNTY Frederick
writ	OR TOWN (if outside corporata limit e RURAL and give nearest town) Frederick	weks	c. CITY OR TOWN (If outside corporate limi	ts, write RURAL and give necrest town)
		if not In hospitel, give street eddress) onvalescent Center	d. STREET ADDRESS 604 North Market	Street 6. IS RESIDENCE ON A FARM? YES NO K
3. NAME DECEA (Type of	r print) WILLIAM		BOPST SR. JATE	October 5, 19 66
s. sex Male	e White	WIDOWED TO DIVORCED	Nov. 11, 1896 69 69	yrs.
Reti	L OCCUPATION (Give kind of work g most of working life, even if retire red Fireman	None	Y 11. BIRTHPLACE (County & State, or foreign of Frederick, Maryland	U.S.A.
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN NAME	
John	C. Bopst		Georgetta Dertsebaug	h
1s. WAS D	eccased ever in u.s. Armed for unkown) (Ifyesgive warordates of second with the unkown) (Ifyesgive warordates of second with the unkown)	ervice)	William McK. Bopst. J	Address 704 N. Market St. r. Frederick. Marylar
	AUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		narhage	INTERVAL BETWEEN ONSET AND DEATH A A LUYA
1000	31% DUE TO			10.00
gaver	ions, if any, which (b) ise to immediate cause ating the underlying last.		TO BE A LONG TO SERVICE AND A	
NOITA		TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
OP. CO	CCIDENT WAS UNDERLYING ANTRIBUTING ACCUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	D. (Entar nature of injury in Part I or Part II of item	18.)
0	IME OF INJURY Month, Day, Yee Hour a.m. p.m. 19		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
		tal) attended the deceased from.	death occurred at	/
1	SIGNATURE TAMESAN TA	A	ATTENDING MED. STAF	22b. DATE SIGNED
22c.	HYSICIAN'S JAMES (Type) Dr. James	B. Thomas M.D	. 228 N. Market St. F	rederick, Maryland
	AL, CREMATION, 23b. DATE THER AL (Specify) 1a1 10=8-19			City, town or county) (State)
24 FUNER	ort E. Dailey G	Frederick, M	Taryland 258. REC'D BY REGISTRAR 25	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL and give neerest town Frederick Frederick lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 354 Park Avenue 354 Park Avenue YES NO X First 4. DATE 3. NAME OF Middle Last Month DECEASED REINE GROVE BOWERS DEATH (Typa or print) October 10. 66 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdey) Months White Female WIDOWED X June 4. 1892 DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Practical Nurse Nursing Frederick, Maryland U.S.A. ease 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending John H. Grove. Sr. Cora Huff ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no or unkown) (Ifyesgivewerordatesofservice) Mr. John Nelson Bowers Route # 3 Frederick . Md. permit. signed by 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), 0 OMSET AND DEATH Galusian PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying ceuse last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY 98 0 CERTIFICATION PERFORMED? use prior NO X 20a. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part t or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) ō factory, street, office bldg., etc.) Not While Hour e.m. DIRECTOR: at work at work 8 1965 to..... 21. I certify that (I) (this hospital) attended the deceased from. plnoys 5 19.6.0, and that death occurred at M, from the causes and on the date stated above. 22b. DATE 228 SIGNATURE ATTENDING STAFF SIGNED 10-10-1966 death. Page 4 X DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS TO FUNE director, p NAME (Type) M.D. 228 North Market Street Frederick, Md. Dr. James B. Thomas 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 10-13-1966 Burial Mount Olivet Cemetery Frederick, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick. Maryland DATE OC VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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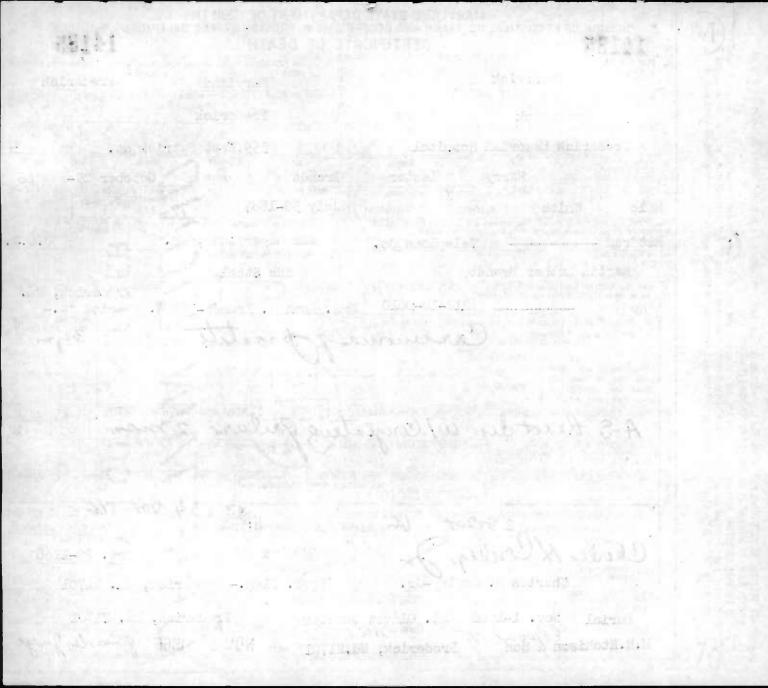
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO HOSPITA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14135 CERTIFICATE OF DEATH 14135

a. COUNTY	Frederick	MARYLAND	a. STATE	where deceased lived, it ins b. coun yland	Frederick
b. CITY OR TOW	N (If outside corporate limits, and give nearest town)	c. LENCTH OF STAY IN 1			ite RURAL and give nearest town)
	Frederick	Years		derick	101
d. NAME OF HO	SPITAL OR INSTITUTION (if not In	hospital, give street addres	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	erick Memorial Ho	spital	359	West Patrick	St. YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	
(Type or print)	Harry	Lester	Brandt		tober 29- 19 66
5. SEX	6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	8. DATE OF BIRTH	lact hirthday)	Months Days Hours Min.
Male	White WIDOW	ED DIVORCED	July 30-1887	79 yrs.	Months Days Hours Min.
10a. USUAL OCCUPAT	ION (Cive kind of work done 10b.	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou	nty & State, or foreign country) 12. CITIZEN OF WHAT
		elephone Co.	Near Hager	stown. Md.	U.S.A.
13. FATHER'S NAM	E	reputotic 00.	1 14. MOTHER'S MAIDE		
Marti	n Luther Brandt		Ada St	ah]	
		6. SOCIAL SECURITY NO. 17	. INFORMANT		\$5
(Yes, no, or unkown)	(If yes give war or dates of service)				Frederick, Md.
No_	'		rs. Edna J. B	randt-359 W.	
	DEATH [Enter only one cause pe	r line for (a), (b), and (c).]	,	++-	INTERVAL BETWEEN ONSET AND DEATH
PARI I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arrenes	- or pras	itall	Styrs
1111X	DUE TO		11		9
Conditions, If					
gave rise to	Immediate (
cause (a), si underlying caus	tating the				
	SIGNUMICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
E O S	the state	W/ Congle	Tin Roll	120 13 m	PERFORMED?
E 17-9	was union to the		une your	nlum la Part I or Part II o	
PART II. OTHERS A-S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ 20b. ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OU	CORRED. (Enter nature of	njury in Part I or Part II o	ir item 10.)
		. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
20c. TIME OF Hour a.r		ile Not While fac	ctory, street, office bldg., etc)	
	y that (I) (this hospital) atte		19.	53 to 29 Qe	, 19 (de, that (I) (we) last
	ceased alive on 280	er 1966 and th			and on the date stated above.
222 SICNATU	ocasca anno on	C and the	iat death occurred be	EEEIN, HOIII CHO GOOGGS	22b. DATE SICNED
(Olun)	De A Corile	4. 2.	ATTENDING M	ED. STAFF PHYS.	Oct. 29-1966
22c. PHYSICIA	AN'S	11 1x	22d. ADDRESS	RECTOR PHIS.	10000 17 12700
NAME (T	(pe) Charles H. Co	nley-Jr.	Prof. Bldg	Frederick,	Md. 21701
23a. BURIAL CREM		23c. NAME OF CEMETE		23d. LOCATION (City, to	
REMOVAL (Sp	nation, 23b. Date Thereof Poly Nov. 1-1966			Frederick, 1	
24. FUNERAL DIRE		Mt. Olivet C	emetery 25a RFC'	D BY REGISTRAR 25b. R	EGISTRAR'S SICNATURE
	hison & Son	ADDRESS Which	more AI	OV 2 1966	Marley Judge
111-10-12-00	TITOUT & DOLL	Frederick, Md	-21701 DATE 1	01 12 1400	
					- E.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12 USUAL DESIDENCE (When decorded limit 15 inclination: Desidence before

1	14136 CERTIFICA	ATE	OF DEATH		14136
7	PLACE DF DEATH a. COUNTY	11 2	2. USUAL RESIDENCE (V a. STATE	Where deceased lived, If inst	itution: Residence before admission)
	Frederick	ND	D.C.	D. 000H	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b (c. CITY OR TOWN (If outs	ide corporate limits, wri	te RURAL and give nearest town)
_	Trederick day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr		Washingt	on	41.3
7	d. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN HOSPITAL, give street addr	ess) (d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
=	Frederick Memorial			a Place N.	
3.	DECEASED		Last 4.	DATE Month	Day Year
5	(Type or print) Farlston Carniss	Br	POWN, Sr	DEATH Octob	
	7. MARKIED NEVER MARKIED			last birthday)	FUNDER 1 YEAR IF UNOER 24 HRS. Months Days Hours Min.
10	Male Negro WIDOWED DIVORCED CO. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11/	8/1923 11. BIRT HPLACE (County	43 yrs.	12. CITIZEN OF WHAT
du	iring most of working life, even if retired) INDUSTRY			~	COUNTRY?
13	Auto Salesman ******* 3. FATHER'S NAME		Frederick MOTHER'S MAIDEN N	Co, Md	U.S.A.
1		4			
1	Norris Brown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1.00	Margarite		
ίΫ́	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (1f yes give war or dates of service)	17. IN	IFDRMANT	Addres	
_	Yes WW 1 217-18-7276	Mrs	Margarite	Brown Ija	msville P.O.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		- 3 years;	(n 17	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arme Tensere	ant	iriscluste	- Carebral.	+ OHSET AND DEATH
	33/X DUE TO Cardiore	ese	lan disease	e with aci	te
	Cenditions, if any, which) (b)		Cerebr	alkenorsk	age - 8 hours
	gave rise to immediate (Repair Street		0
L	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATE	D TO THE TERMINAL DISE	ASE CONDITION GIVEN IN F	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
TIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	OCCURR	ED. (Enter nature of Inju	iry in Part I or Part II of	Item 18.)
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work	factory,	street, office bldg., etc.)		
	21. I certify that (I) (this hospital) attended the deceased from	7	1961	e to 10-10	. 1966, that (I) (we) last
			eath occurred at 9 A	M, from the causes a	and on the date stated above.
	22a. SIGNATURE				22b. DATE SIGNED
	Ohy amartin	M.D.	PHYS. MED. DIRE	CTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
_	Rex Martin		Market Str	reet, Freder	rick, Md
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME REMOVAL (Specify)		R CREMATORY 2	23d. LOCATION (City, to	wn or county) (State)
	Burial 10/15/66 Eperneeze	er		Frederick BY REGISTRAR 25b. RE	Co. Md
2	4. FUNERAL DIRECTOR ADDRESS		25a. RÉC'D E		
	C.E. Hicks.lll Frederick.Md		DATEOCT	13 1986 4	Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place, semove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after Death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR AI5 (4) 20M 1/65

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PLACE DF DEATH a. CDUNTY

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CERTIFICATION

CAL

Frederick

CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

 		,			
CER	TIFICAT	TE O	F D	EATH	

MARYLAND

c. LENCTH OF STAY IN 1b

OF DEATH	14137
2. USUAL RESIDENCE (Where dece	ased lived, If institution: Residence before admission)
a. STATE Maryland	b. county frederick
c. CITY OR TOWN (If outside corpo	orate limits, write RURAL and give nearest town)
Frederick	10.1
d. STREET ADDRESS	e. IS RESIDENCE

YES 🗌

ND SC

WAS AUTDPSY PERFORMED?

NO D

(State)

		ederick	Years	
d. N	AME OF HO	SPITAL OR INSTITUT	ION (if not in hospital, give street address)	d. ST.
23	Park	Place		623

DECEASED	TI.	irst	MIDDIM		SU DE LAS		- 4.	DE	Ε.	MOUL	п	Day	rea	II.
Type or print)	Marga	ret	M.	0	urdit	te	_	DEAT	TH OC	tober		23	19	66
SEX	6. CDLDR DR RACE	7. MARRIED	NEVER MARRIED	1 8	. DATE DE	BIRTH		1		(In years				
ma7a	Title	WIDOWED .		_		77	1900		last	t birthday)	Months	Days	Hours	Min.

Park Place

ı			Lab					last	pirtnuay)	Months	Davs	Hours	П
ı	Female	White	WIDOWED	DIVORCED _	August	7. 189	0	76	yrs.	III OII OII O	,-		1
ı	10a. USUAL OCCUPAT during most of worki			USINESS DR	11. BIRTHE	LACE (Cour	ity & Sta	ate, or fore	ign country		TIZENI UNTRY		ī
ı	Housew	ife			Hyatt	stown,	Max	rylan	nd	U.	S.	A .	
Į	13. FATHER'S NAM	E			14. MOTHE	R'S MAIDE	NAME						

	more Lawson					Ma.	TV T	King			
. WAS DECEASED	VER IN U.S. ARMED FORCES?	16. SO	CIALS	ECURITY NO.	17.	INFORMANT				Addr	ess
s, no, or unkown)	(If yes give war or dates of service)										
NT-		076	20	חחדל	TTO	F	Donna	444	(Cama	0.0	34.

No		216	38	0015	Harry E.	Burdette	(Same as	item	#2)
18.	CAUSE DF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				ocardial	Infar	etion		INTERVAL BETWEEN ONSET AND DEATH
1	+201 DUE TO			,					

Cenditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating underlying cause last. (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)

DR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW	INJURY	DCCURRED.	(Enter	nature	of In	Jury i	Part	l or	Part	II c	f ite	m 18	(.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)														

	(IF E	TIHER, NOTIFY ME	DICAL EXAMINER)					
	20c.	**	Month, Day, Year		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f.	(City or town)	(County)
3		Hour a.m.		While - Not While -	idotor), otroot, omtoo biag., ctor,			

1 Paris	MED.	Hour	a.m. p.m.	19	While Ne at work	ot While at work	factory, stre	et, office bldg	g., etc.)				
										o October ,			
Т		saw the	deceased a	live on Octo	ber 22	19 66 a	nd that death	pocurred a	at 3-4 M.	from the causes an	d on the d	ate stated above.	

							and that	death occurred	at 3-4 M,	from t	the causes	and on th	e date stated	1
22a.	SIGN	TURE .	stein	Pear	nl	Dr.	M.D.	ATTENDING NO.	MED. DIRECTOR		STAFF PHYS.		123/6 G	,

220.	NAME (Tuna)				22u. A	DDKESS			
	NAME (Type)	Austin	Pearre.	Jr.	804	Toll	Avenue	Frederick,	Md

23a.	BURIAL, CREMATION,	23b.	DATE THEREOF	23c. NA	AE OF CEMETER	RY OR CREMATORY	23d.	LOCATION (City	, town or county)	(Sta
	REMOVAL (Specify) Burial	Oct	. 26,1966	Mount	Olivet	Cemetery	Fr	ederick.	Maryland	
0.4	CHINEDAL DIDEATED	01		1 100	SECO A	1 1/1-	DEAID DW DI	COLOTO LO L OFLE	DECLOTHADIO CLOSIA	THINE

REC'D BY RECISIRAR 250. M.R. Etchison & Son, Frederick, Md. DATE

n and completely filled in by the funeral remove carbon papers. Pages 1 and 2- in any event, within 72 hours after death. the attending physician it permit. Then please is sation, or removal, and in TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or

A.15 (4) 20M 1/65

Solver July 1 No. - Maret Language Dury Man Company A CONTRACT OF THE PARTY OF THE gali. S grad and an analysis supplies supplied to in and a man, entering a gray, the other and menteralis DebrasyM Stoom

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physiclan.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14138

PLACE OF DEATH a. CDUNTY	2. USUAL RESIDE	NCE (Where deceased lived, If Ins	titution: Residence before admission)
		ryland	Brederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	TAY IN 1b c. CITY DR TOWN	(if outside corporate limits, wr	ite RURAL and give nearest town)
	Bente	naville	10-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	t address) d. STREET ADDRES	S	e. IS RESIDENCE
	20 12 72 72		ON A FARM?
3. NAME DF First Middle		rederick, Md	YES NO
DECEASED	Last	4. DATE Monti	the state of the s
(Type or print) Clara Jane	Ceasar	DEATH Octob	
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MAR	RIED 8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Female Negro WIDOWED DIVO	CED 11/7/189	0 75 yrs.	mondis bays nous min.
10a. USUAL OCCUPATION (Give Kind of work done 1Db. KIND DF BUSINES		(County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	Frede	rick, Marylan	
Housewife #######	1 14. MOTHER'S MA	IDEN NAME	al O.D.K.
		P .	
No then Tyler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	NO. 17. INFORMANT	Addres	Pe .
(Yes, no, or unkown) (If yes give war or dates of service)			
No ***** None	Harry C. C	easar Rt 6	Frederick, Md
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), a		4	INTERVAL BETWEEN ONSET AND OEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surrenaling	arterioselles	in un DR innelin	ONSET AND GEATH
2211V	us + arthusel	7	3/24
Conditions, If any, which	and the contract	noce Extens o	The second
gave rise to Immediate		word areas	
cause (a), stating the OUE TO			
underlying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	JTNOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA I			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED, (Enter nature	of Injury In Part I or Part II o	f Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	20e. PLACE OF INJURY (Home	farm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour a.m. While Not While at work at work	factory, street, office bldg.		
p.m. 19 at work at work	JI		
21. I certify that (I) (this hospital) attended the decease	from		1, 19 66, that (I) (we) last
saw the deceased alive on / 5 - 2 1966	, and that death occurred a	$\frac{13}{3}$ M, from the causes	and on the date stated above.
22a, SIGNATURE		. 9	22b. OATE SIGNED
Dry p Martin	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S	22d. ADDRESS		
NAME (Type) Rex R. Martin	220 M	Market St Fr	rederick Md
	CEMETERY OR CREMATORY	23d. LOCATION (City, to	
		Frederick	
Burial 11/1/66 Fairy: 24. FUNERAL DIRECTOR ADDRESS		REC'D BY REGISTRAR 25b. R	
	250.	MON.	
C.E. Hicks, 111 Frederick, Md	DATE	NUV 1 1966	Minley Judge

1/65 VR AIS

faltus

Moissbord	first ext.		Frederick	
	e III vano tred	67.3	36	Prederic
	At W 6 Preceptor, No.			
83 4 92 44	43/330	ans,	CIRIU	
	31/:/1880		₩ (1)	Females.
.A. C. U. b.	Frederick, Marylan	- excise	91.	JOEUCE
	Maggie Bowle		eg f	darinak
Prédentois, M	Harry C. Cessar alt 6	A tol.	Service, st	oli
- BM, Hoirabay	Read to Well St. 15	1111	Rox . F.M	

#8.17/1/66 - Fairvier

C.F. Hacks, 111 Prederiou, 16

DIVISION OF STATISTICAL 4139

ARYLAND STATE DEPARTMENT OF HEALTH	
ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOI	RE 1, MARYLAND
ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON CERTIFICATE OF DEATH	14139

1. PLACE DF DEATH a. COUNTY Frederick	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and City position)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Frederick Memorial Hospital	d. STREET ADDRESS II9 Sixth Avenue 6. IS RESIDENCE DN A FARM? YES NO				
3. NAME DF First Middle Clide (Type or print) Carleta Clide	Conner DATE Month Day Year DEATH Oct 24 1966				
Male White WIDDWED DIVORCED	B. Date of Birth 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Months Days Hours Min. M				
102. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working lips of in the direction of a dividual results.	Maryland 12. CITIZEN OF WHAT UCOMMRY?				
13. FATHER'S NAME William Conner	Florence Coffman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, 40 consumbly of the social security no. 17. 719-03-1392)	rs. Betty Conner Brunswick Md.				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caute Corona	Thrombosis Shows				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Tie / Seart Disease ?? year				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO				
	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20d. Injury Occurred 20d. PLA factor 20d. Injury Occurred 20d	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from 2 saw the deceased alive on 240 to 1966, and that	t death occurred at 8P M, from the causes and on the date stated above.				
22a. SIGNATURE Lenny V. Chase M.E					
22c. PHYSICIAN'S NAME (Type) Henry V. Chase	22d. ADDRESS 804 Toll House Ave Frederick, Md				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' Park Height	ts Cemetery Brunswick Maryland				
Feele Terreral Jame Brunswick, I	Md. 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DATE OCT 27 1966 Consules Judge				

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burlal, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
141411

12149		CERTIFICA	AIL	OF DEATH			4141			
1. PLACE OF DEATH a. COUNTY			10	2. USUAL RESIDENC	E (Where deceased	lived, If institut	ion: Residence	before ad	mission)	
Freder	Frederick					a. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (if outside con write RURAL and give neares		MARYLAN LENGTH OF STAY IN		c. CITY OR TOWN (If					t town)	
write RURAL and give neares					derick			/ 20	,	
d. NAME OF HOSPITAL OR INSTITUTE		years	/220	d. STREET ADDRESS	derick		1.0	. IS RESI	IDENCE	
			633)		0 12 20	1 1 01		ON A F	ARM?	
	Memorial Hos	spital			South Ma	arket St	• 1		NO I	
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Day	Yea	r	
(Type or print)	Bernard	Α.		tchley	DEATH		er 16-		66	
5. SEX 6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED] 8.	DATE OF BIRTH		(In years IFU birthday) Mon		Hours	24 HRS.	
Male White	WIDOWED	DIVORCED	Ap	r.22-1906	60	yrs.	luis Days	Hours	Mill.	
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	workdone 10b. KIND etired) INDUS	OF BUSINESS OR		11. BIRTHPLACE (Co	unty & State, or for	eign country)	12. CITIZEN (OF WHAT		
Core Maker		ndrv		Frederick	Co.Md.			S.A.		
13. FATHER'S NAME	1 2 0 00		1	4. MOTHER'S MAID		1	-	5411		
Bernard A.	Crutchley-	Sr.		Mary	E. Morgan	1				
15. WAS DECEASED EVER IN U.S. ARM			17. IN	FDRMANT			202 0	7.007		
(Yes, no, or unkown) (If yes give war or d	lates of service)			Dorothy E	St Fre	ederick,	Md. Z	TAOT	-+	
			IAIT D .	DOLOGITA E	ader or u	cirre à - T		-		
18. CAUSE DF DEATH [Enter on PART I. DEATH WAS CAUSE		/ -					ONS	RVAL BET	DEATH	
IMMEDIATE CA	AUSE (a)	palic C	02	Ma			a	ceijo		
	DUE TO DO	1.					70	ne.	1.	
Conditions, If any, which gave rise to Immediate	(b) <i>Urr</i>	hous		Tribetti bira			/	non	Ju	
cause (a), stating the	DUE TO									
underlying cause last.	(c)									
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OIF EITHER, NOTIFY MEDICAL EX	DITIONSCONTRIBUTING	G TO DEATH BUT NOT	RELATE	D TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PART	T1(a) 19.	WAS AUT		
100							YES	3 🔲 8	NO 📑	
20a. ACCIDENT WAS UNDERLYIN CONTRIBUTING CAUSE OF	DEATH 20b. DESC	RIBE HOW INJURY	OCCURR	ED. (Enter nature of	injury in Part I o	r Part II of Ite	m 18.)			
	(AMINER)									
20c. TIME OF INJURY Month, Hour a.m. p.m.	Day, Year 20d. INJUR	RY OCCURRED 20e.	PLACE	OF INJURY (Home, fai	rm, 20f. (City	or town)	(County)	(Sf	tate)	
Hour a.m.	19 While at work	Not While	actory,	street, office bldg., et	c.)					
21. I certify that (I) (this				10/10 20	66 40	10/16	19 <i>6</i> 6, th	o	to) loof	
saw the deceased alive on	nospital attended t	a 10 66 and	that d	eath occurred at 1	1 : 300 Arrow th	o course and	on the date	at (I) (W	e) last	
228. SIGNATURE		215-620, allu	tilat u	eath occurred at =	ANY M UNI LII		b. DATE SIG		anove.	
maniento.	TILDON	Ma.			MED. S	TAFF -	ct .17-			
22c. PHYSICIAN'S Tomos	Down		M.D.	PHYS. LX. D	IRECTOR PI	iys. [] O	CO .TI-	1,00		
	B. Thomas	onley,Jr.		Prof. Bld	g., Frede	erick. M	d. 217	01		
		C. NAME OF CEME	TERY O			N (City, town		(Sta	ate)	
REMOVAL (Specify)	22-1966 Re				N. of Fr			(010	,	
24. FUNERAL DIRECTOR	L/OO IRE	address W	0 -	Gardens 1 25a. REC	'D BY REGISTRAR			ATURE		
M.R.Etchison &	Son 7.	Frederick,	Man	ore n	CT 1 0 10		lianles		'al	
	T T	· Loudi Long	2/1/01	DATE U	OI TO V	100	- 00	1 0	1	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

a. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence a. STATE Maryland b. COUNTY Frede								ri.ck	IMISSION)		
	b. CITY OR TOW write RURAL	N (if outside corporate and give nearest town	e limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or Bruns	•	, write i	RURAL and gl	ve neares	t town)
		FITAL OR INSTITUTION	in hospital, give street address t	dress)	d. STREET ADDRESS Same				ON A F		
3.	NAME OF DECEASED	Flr	st	Middle		Last		onth	Day		-
	(Type or print)	ALBERT		HENRY	DAN	NER JR.	OF DEATH	IO	16	19	66
5.	SEX		7. MARR	IED NEVER MARRIED	□ 8	. DATE OF BIRTH		ars IF L	INDER 1 YEAR		
	male	white	WIDOV	VED DIVORCED		2/4/1913	53 ^{ast birthd}		nths Days	Hours	Min.
dur	. USUAL OCCUPAT ing most of work USICIAT	IDN (Give kind of work d ing life, even if retired 1	one 10	b. KIND OF BUSINESS OR INDUSTRY		Maryland	ity & State, or foreign con	intry)	12. CITIZEN COUNTRY	OF WHAT	
13.	FATHER'S NAM	E				14. MOTHER'S MAIDEN	NAME				
	Albert	Henry Dan	ner			Nellie A.	Barger				76
15.	WAS DECEASED	EVER IN U.S. ARMED FOR	RCES?	16. SOCIAL SECURITY ND.	17.	INFORMANT	Ac	dress	50.0		
y	res V	(If yes dive war or dates of	Service)		Al	bert H. Da	nner II F	red	erick	, MD	
		ATH WAS CAUSED BY:	0	per line for (a), (b), and (c).					INTE	INTERVAL BETWEEN ONSET AND DEATH 1 hour	
	42	IMMEDIATE CAUSE	(4)	of offary Tiff	Olab	0313				110 4.	
	Conditions, If any, which by Cerebral Vascular Disorder 2							vea	re		
	gave rise to	Immediate (CICDIAL VAS	Cul	ar produce	1		End	y ca.	
	cause (a), si underlying caus	tating the		nxiety					10	vea	rs
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1										
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING ING CAUSE OF DEAT	H ER) 201	b. DESCRIBE HOW INJURY	Y OCCU	RRED. (Enter nature of Ir	lury in Part I or Part	II of Ite		<u> </u>	10 [3]
		INJURY Month, Day, Y		d. INJURY OCCURRED 120	e. PLAC	E OF INJURY (Home, farm	1. 2Df. (City or town)	(County)	(S	tate)
MEDICAL	Hour a.n p.r	n. 19	w	hile Not While work at work	factor	y, street, office bldg., etc.)				
10				ended the deceased fro							
			t	1619_66, an	d that	death occurred at 8	A_M, from the caus				above.
	22a. SIGNATUI	KE JOS		21		ATTENDING ME	D. STAFF		DATE SI		1066
	22c. PHYSICIA	Nic	-	00	> M.D.	PHYS. DII	RECTOR PHYS.		Oct.	17,	1966
	NAME (T)	vpe)		W W D			- TTo 1 1 or -	D	n ar ri al	- M.	-1
220	DIIDIAI COCI			Kao, M.D.	/ETEDY	Gum Sprin					
238	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY St. Marks Cemetery Petersville Maryland										
214	Burio 10/10/00 St. Marks Cemetery Petersville Maryland 250 FUND FUND FUND FUND FUND FUND FOR STREET STR										
Y	OCT 10 1dcc Minute 0 14										
14	sece !	uneral i	140	wee .		DATE UL	1 70 1400	-	7709	The contract of	-

VR AI5 (4) 20M 1/65

. Signilly Maintenant Contract Marrie S. Benther H. and Larland . . Street A MANAGE OF STREET TRIBETOR FOR death, Page be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 42 41 14142

3. NAME OF DECRASED (Type or print) 1. SEX MALE 1. SEX MALE 1. CAUSE OF DETATH [Enter only one cause per line for (a), (b), and (c).] 1. PART II. DEATH MAS CAUSE BY: 1. DEATH MAS UNDERLYING 1. DECRASED FVER IN U.S. ARMED FORCES? 1. Which was pire for injury in Part I or Part II of Item 18.) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.s) 2. D	1.	PLACE OF DEATH b. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. STATE Waryland b. COUNTY Frederick					
3. NAME OF DECASED TOTAL ALBERT THENRY Middle DANNER, Sr. 1. DATE DEATH DECASED TOP DECA			LENGTH OF STAY IN 16			JRAL and give nearast town)			
DECRASED Type or print) 1. Capter State C. Colog or Race 7. Married Never Married 10 Notes 10 Notes		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, 44 East B' Street	give street eddress)			IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)			
10a. USUAL OCCUPATION (GIVEN kind of work of work one deathing most of working life, even if relined life, aven if aven if relined life, aven if relined l		DECEASED ATRERT HEN	RY Middle DANNE	R, Sr. last	OF 10				
Description		MILL OF WIDOWED		1 0 1 000	last birthday) M				
A. HOHRES MADE NAME AMERICAN		. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	PERUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Apoplexy DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause leat. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUTOPS PERFORMED PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) 19. WAS AUT	13.			Weverton	Maryland Marrison	U.S.A.			
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[a], stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. TIME OF INJURY Month, Day, Year While Not While at work at		Conditions, if any, which \ (b) Arter	iosclerosi	S		20 years			
PERFORMED? YES NO 2 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from Feb. 12 1904 to Oct. 26, 100, that (I) (we) is saw the deceased alive on Oct. 26 19196, and that death occurred as 100 Met. 1904 from the causes and on the date stated above 22c. PHYSICIAN'S NAME (Type) C. T. Byron Kao, M.D. 22c. PHYSICIAN'S NAME (Type) C. T. Byron Kao, M.D. 22d. ADDRESS AND ATTENDING MED. STAFF PHYS. 22d. ADDRESS NAME (Type) C. T. Byron Kao, M.D. 22d. ADDRESS 22d. ADDRESS REMOVATING OF CEMETERY OR CREMATORY PHYS. 22d. OCATION (SIT), two onesunty) and (Siete) 22d. FUNERAL DIRECTOR'S SIGNATURE		(a), stating the underlying DUE TO							
20c. TIME OF INJURY Hour a.m. p.m. 19 20d. INJURY OCCURRED Hour a.m. p.m. 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from Feb. 21. I certify that (I) (this hospital) attended the deceased from Feb. 22. SIGNATURE 22. SIGNATURE 22. SIGNATURE 22. SIGNATURE 22. SIGNATURE 22. DATE SIGNATURE 23. BURIAL, CREMATION, 23b, DATE HEBEOF SIGNATURE 23d LOCATION (Fit) Town of County land (Siete) NAME (Siete) NAME (Siete) NAME (Siete) NAME (Siete) 23d LOCATION (Fit) Town of County land (Siete) 23d LOCATION (Fit) Town of County land (Siete) 23d LOCATION (Fit) Town of County land (Siete)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	PERFORMED?			
21. I certify that (I) (this hospital) attended the deceased from Feb. 12 1964 to Oct. 26, 1966, that (I) (we) is saw the deceased alive on Oct. 26 19196 and that death occurred at 40 Me from the causes and on the date stated above 22a. SIGNATURE 22a. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNATURE 22c. PHYSICIAN'S NAME (Type) C. T. Byron Kao, M.D. Gum Spring Hollow, Brunswick, Md. 23a. BURIAL, CREMATION, 23b. DATE HEREOF Signature Charactery or CREMATORY PHYS. 22d. DOCATION (First Town on County) and (Stele) 23a. BURIAL, CREMATION, 23b. DATE HEREOF Signature Charactery or CREMATORY 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE BRUNDRESS CK. Md. 25a. REC'D BY REGISTRAR'S SIGNATURE		OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURED	. (Enter nature of injury In I	Part I or Part II of item 18.)				
saw the deceased alive on Oct. 26 19196, and that death occurred at 40 PM, from the causes and on the date stated above 22a. SIGNATURE ATTENDING PHYS. 21 DATE THEREOFF SIGN PHYS. 22d. ADDRESS NAME (Type) C. T. Byron Kao, M.D. Gum Spring Hollow, Brunswick, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOFF St. NAME OF CEMETERY OR CREMATORY PHYS. 12a. NAME OF CEMETERY OR CREMATORY 13a. DCATION (Sint) Town of County 1 and (Sint) 24 FUNERAL DIRECTOR'S SIGNATURE Brundstat CR. Md. 25a. REGISTRAR'S SIGNATURE	MEDICAL	Hour a.m. While	Not While fact			(County) (State)			
226. SIGNATURE ATTENDING MED. STAFF SIGN 226. PHYS. [2] DIRECTOR PHYS. [3] 226. PHYSICIAN'S NAME (Type) C. T. Byron Kao, M.D. 227. PHYSICIAN'S NAME (Type) C. T. Byron Kao, M.D. 238. BURIAL, CREMATION, 236. DATE HEREOF ST. NAME OF CEMETERY OR CREMATORY PHYS. [3] 238. BURIAL, CREMATION, 236. DATE HEREOF ST. NAME OF CEMETERY OR CREMATORY PHYS. [3] 24. FUNERAL DIRECTOR'S SIGNATURE BRUDDRESS Ck. Md. 258. REG'D BY REGISTRAR'S SIGNATURE 258. REC'D BY REGISTRAR'S SIGNATURE		21. I certify that (I) (this hospital) attended saw the deceased alive on Oct 26	the deceased from	Feb. 12 death occurred at 4	1964 to Oct 26	on the date stated above.			
NAME (Type) C. T. Byron Kao, M.D. Gum Spring Hollow, Brunswick, Md. 23a. BURIAL, CREMATION, 23b. DAY THEREOF, St. NAME OF CEMETERY OR CREMATORY 23d LOCATION (FILTER OF MARKS) LONG TO MARKS COMMETTER OF THE PROPERTY 25b. REGISTRAR'S SIGNATURE. 24 FUNERAL DIRECTOR'S SIGNATURE BRUNDRESS CK. Md. 25b. REGISTRAR'S SIGNATURE.				ATTENDING	AED STAFF	22b. DATE SIGNED			
24 FUNERAL DIRECTOR'S SIGNATURE Brill DRESS CK Md 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		NIAME (Toma)	, M.D.		g Hollow, Bri	ınswick, Md.			
DENINGWICK MU			Marks Ce						
	24 1-	ete Tuneral Home	unswick, M	na •					

Jonesti Meastreat. Spring No. 10 and 10 an THE TOTAL STREET AND CONTROLLED TO THE SECOND OF THE PARTY OF THE SECOND OF Facto Francis Prace TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages T and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours/after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1414	3		CERTIFICA	ALE OF DEAL	H	14	43
1.	PLACE OF DEATH	Н	,			ENCE (Where deceased I		esidence before admission)
		ederic	R	MARYLAN	a. STATE	1 Azul Au	b. COUNTY	San 200 1018
	b. CITY OR TOW	N (if outside corp	orate limits,	c. LENGTH OF STAY IN		(If outside corporate		and give nearest town)
	tredo	Spier		LIFE	trede	rick		10-1
	d. NAME OF HOS	SPITAL OR INSTITE	JTION (if not in hos	spital, give street addre	ess) d. STREET ADDRE			e. IS RESIDENCE ON A FARM?
	Freder	ICK N	LMOTIA	+L HOSPI	12 203 V	V. South	Street	YES NO X
3.	NAME OF DECEASED	0 1	First	Middle	Last	4. DATE OF	Month	Day Year
5	(Type or print)	107	ert	SIALEY	DAVIS	DEATH	OC1	22 19 GG
3.	SEA	6. CULUR OR RA	CE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	ast last		1 YEAR IF UNDER 24 HRS. Days Hours Min.
Z	MALC	Negro	WIDOWED	DIVORCED	16/12//	754 32	yrs.	
10 du	a. USUAL OCCUPAT	ION (Give kind of wing life, even if re	orkdone 10b. KIN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE	(County & State, or fore	ign country) 12. Cl	ITIZEN OF WHAT
	Pressc-		_		treder	rick, ma	ryLAND U	.S.A
13	. FATHER'S NAM	E			14. MOTHER'S M.	AIDEN NAME		
1	Robert	G. 1	DAVIG		Ruth	BeLL		
	5. WAS DECEASED	EVER IN U.S. ARME		OCIAL SECURITY NO.	17. INFDRMANT		Address f	ederick, md
10	Ue S	Kore AN		4-28-6145	Mrs Ruth	David Bro	ots 203	2 W. South
				ie for (a), (b), and (c).]	11	10,1012 10,10	01.2	INTERVAL BETWEEN
		EATH WAS CAUSED	BY: N	ngosture	Heart of	alune		ONSET AND DEATH
	192 Y	IMMEDIATE CAL	11	1000	(-)	0 1		
	Conditions, If		DUE TO La	1 4 20 - 5	anal	Dyndr	17.0	
	gave rise to	Immediate ((b)	11	1 1	0.	0	
	cause (a), si underlying caus	taring the	DUE TO CC	ule Hes	eatities. A	Leoli. V	Mal	
Z			(c)	ING TO DEATH BUT NOT	ELATED TO THE TERMIN	I DISEASE CONDITION	IGIVEN IN PART 1(a)	119. WAS AUTOPSY
CERTIFICATION	TARCE THO THE CO	, and to the	arrono <u>commisci</u>	Ma roberti Bornot,	VERTED TO THE TERRITOR	ALD IOLIOC CONTRACTOR		PERFORMED? YES NO
F	20a. ACCIDENT	WAS UNDERLYING	20b. DE	ESCRIBE HOW INJURY O	CCURRED. (Enter nature	of Injury In Part I or	Part II of Item 18.)
	(IF EITHER, NO	ING CAUSE OF TIFY MEDICAL EXA	AMINER)					
MEDICAL		INJURY Month, D		4	PLACE OF INJURY (Home actory, street, office bldg	, farm, 20f. (City o	r town) (Cou	inty) (State)
MED	Hour a.r		19 While at work	MOT WRITE	20101) 1 01 001 011100 0148	.,, 0.0.,		
	21. I certif	v that (I) (this I	nospital) attender	d the deceased from		19 to OC	T. 22 1966	that (I) (we) last
		ceased alive on.		1966 and	that death occurred a	t 8:15 PM. from the	e causes and on the	he date stated above.
	22a. SIGNATUI		0 -				22b. D/	ATE SIGNED
	10	Rd.	Leen		M.D. ATTENDING M.D. PHYS.	MED. ST DIRECTOR PH	AFF Oc	4.22,66
	22c. PHYSICIA NAME (T)	pe) Ralph	L. Mic	hels Mi	22d. ADDRESS	4	enter, Fr	ederick Md
-		1710111 001	TE THEOREM		FED. 00 00 FM 700			
23	a. BURIAL, CREW	ATION, 23b. DA	21 10/1	n -	TERY OR CREMATORY	2 -	N (City, town or cou	1
	BUTIAL	- 1/-	26-1966	HATTONS		REC'D BY REGISTRAR	1,2)e, trec	
1 4	4. FUNERAL DIRE	JUT UK		ADDRESS	238.	VEC D DI KERISIKAK	ZJU. REBIJIKAK	2 2101MIUNE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14144 CERTIFICATE OF DEATH and 2 death. The law requires that the death certificate be executed within 24 haurs after death ampletely filled in by the funeral ve corban papers. Pages 1 and event, within 72 hours after deatle 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Frederick Frederick Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Thurmont c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h Thurmont rural Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? RD Home Own YES X NO and campletely f remove corban 3. NAME OF Middle 4. DATE First Year DECEASED 27 Eichelberger Oct. 66 JOHN (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Hours 1897 white March 15. and in any male WIDOWED OIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician sermit. Then please Maryland Farm F'armer 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME signed by the attending physburial-transit permit. Then burial, crematian, ar remayal Stambaugh M. Eichelberger Emma George WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na or unknown) (If yes give war or dates af service) 83-12-2228 Mrs. Ross Stull, Jr. Thurmont, Md Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Canditians, if any, which gave rise to immediate cause (o), **DUF TO** stating the underlying cause be detached far use as the State Dept. af Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m Not While foctory, street, office bldg., etc.) at work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 shauld shauld be filed with the saw the deceased alive an UCK. 25 19 00, and that death accurred at AM, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Thurmont. Md. NAME (Type) James K. Gray 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) BREMOVAL (Specify) 10-30-66 Lewistown Cemetery Lewistown Fred. Co. Md. 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL OIRECTOR Creagerhurmont, Md Raymond VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14145			CERTIFICATE	OF DEATH		14145
PLACE OF DEATH a. COUNTY	Frederic		MARYLAND	o. Si Maryla	(Where deceosed lived, if institution by COUN	derick
write RUPAL o	(If outside carparate limit ad give nearest tawn) bertytown		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carparate limits, write RUR	10:1
	ital or institution (if n	ot in hospital, g	live street address)	d. STREET ADDRESS Main	St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GEO.	rst RGE	Middle DONALD	Lost ENGEL.	4. DATE Month OF DEATH OCTO	
s. sex	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED E	Oct-15-19	9. AGE (In years lost birthday)	Manths Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done g life, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY Ilroad	11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	eorge W.	Engel		14. MOTHER'S MAIDEN Bessie		
IS. WAS DECEASED EN	/ER IN U.S. ARMED FORCES?) (If yes give war ar dates	of service) 16. S		NFORMANT	Addre Zabeth Engel	Ma.
Canditions, if an rise to immedia stating the und	ate cause (a), lerlying cause	TO (b) TO (c)	DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	illasis	ONSET AND DEATH
20o. ACCIDENT W OR CONTRIBUTIN	'AS UNDERLYING □ G □ CAUSE OF DEATH 'Y MEDICAL EXAMINER')		SCRIBE HOW INJURY OCCURRED.			PÉRFORMÉD? YES NO
20c. TIME OF IN	JURY Month, Day, Yeor	20d. IN While at wark	Not While factor	CE OF INJURY (Home, far ary, street, office bldg., etc		(County) (State)
· 21. I cer	tify that (I) (this had deceased alive an	spital) attend	ded the deceased fram_	22d. ADDRESS	MED. STAFF DIRECTOR PHYS. C	, 19 , that (I) (we) last and an the date stated above 22b. DATE SIGNED
23a. BURIAL, CREMAT REMOVAL (Speci	ion, 23b. date the		23c. NAME OF CEMETERY OR Old Baltimo	crematory ore CeM	North Avent Baltimore	vn) (County) (Stote) Maryland
24. FUNERAL DIRECT D. D.		& Son	s, Libertyto			GISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death VR A15 (4) 20 M 1/66

executed within 24 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

25b. REGISTRAR'S SIGNATURE
1966 Clearley Judge

erodicifation Canada . H. orana. clocute elcont Mo -05-1700 Eg. L. Misabeth ingl. Libertyin m continued to a continue of Personal Address . Tob economic of a fall hoof, 28, dec . Laderill the district contract of the c

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCE

H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
CERTIFICATE	OF DEATH	STREET, BALTIMORE	14148

	COUNTY	Frederic	ck	MARYLAN	ND	2. USUAL RESIDENCE a. STATE Mary		eceased lived, If insti b. COUNT			mission)
b. (CITY OR TOW	N (if outside corpora and give nearest tow	te Ilmits.	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	utside co	rporate limits, write	e RURAL and gl	ve neares	t town)
			vn)		li						
		Frederick		several hou		Rura	1- F	rederick	/	0 - 1	and the
d.	NAME OF HOS	SPITAL OR INSTITUTION	JN (if not In	hospital, give street addr	ress)	d. STREET ADDRESS				e. IS RESI	
						Dout	01. (Feagavill	1	ON A F	
					[]					YES	-
3. NAI	ME OF CEASEO	F	Irst	Middle		Last	4. OATE	Month	Day	Yea	r
	pe or print)	1	Maude	R.	Fe	aga	DEAT	H Octo	ber 13.	- 19	66
5. SEX	(6. COLOR OR RACE		EO NEVER MARRIED		OATE OF BIRTH	19	AGE (In years II			
								last birthday) N	onths Days	Hours	Min.
	nale	White	WIOOWE		A	pril 11- 18	90	76 yrs.			
10a. US	UAL OCCUPAT	ION (Give kind of work	done 10b.	. KIND OF BUSINESS OR INOUSTRY		11. BIRTHPLACE (Cou	inty & Stat		12. CITIZEN		
Caring I	lomemak	ing ine, even it retire	a)	Own Home		Frederick	Count	Tr- Md	COUNTRY	U.S	Δ
-	THER'S NAM			OMIT HOME	1			y- mu.		0.0	*45.
13. TA	MAN CHAIN	C				14. MOTHER'S MAIDE	IN NAME				
		S. Ray				Alice	Haug				
(Yes. no	or unkown)	VER IN U.S. ARMED FO	of service)	6. SOCIAL SECURITY NO.	17. II	NFORMANT		Address			
	lo			218-30-9776D	Jam	es H. Feaga	- Rou	te L-Fred	erick-Me	1.217	01.
		DEATH Enter only on		r line for (a), (b), and (c).]						RVAL BET	
		ATH WAS CAUSED BY	4						Care	FT AND C	EATH
9 33	TAKE I. OL	IMMEDIATE CAUSE	(a) A V	PERTENSIVA A	12/4	210 Sc/6201	C CA.	maio VASUU	110		
1	4201	DUE	TO //			disease w	ith	ACUTE My	OCATIOIA	1	11
	nditions, If					infancti	ind i	anhable 1	posterion	Sve	den
	ve rise to	Immediate /	(p)			11. 1-11.	1	LODING! 4	02 10.2	(2	hou
cau	use (a), st	ating the OUE	T0								R
	derlying caus	e last.	(c)								2
PA	RT II. OTHER S	IGNIFICANTCONOITI	ONSCONTRI	IBUTING TO OEATH BUT NOT	RELATE	O TO THE TERMINAL DI	SEASE CO	NDITION GIVEN IN PA	ART 1(a) 19.	WAS AU	
Z									YE	PERFOR	NO X
ᄄᆜᇭ	ACCIOENT	WAS UNDERLYING T	Look	DECODING HOW IN HIS	0001101	750 (Falsa astron at 1	te la la P	n-1 I D1 II (.9	NO A
	CONTRIBUTI EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF OEA IFY MEDICAL EXAMI	TH NER) 20b.	DESCRIBE HOW INJURY	UCCURI	KEU. (Enter nature of i	injury in i	Part I or Part II of	item 18.)		33
MEOICAL 200	. TIME OF	NJURY Month, Day,	Year 20d.	. INJURY OCCURREO 20e	. PLACE	OF INJURY (Home, far	m, 20f.	(City or town)	(County)	(S	tate)
ō	Hour a.n	1.	Whi	ile Not While	factory	, street, office bldg., etc	C.)				
Σ	p.n	n. 19	at w								
	21. I certif	y that (I) (this hos	pital) atter	nded the deceased from	n	10-9-14	4. to	10-13-	, 1966, tl	nat (I) (w	e) last
		eased alive on	10			leath occurred at 9					
	a. SIGNATUS			10-10	Linux C	Touris Good Tot: al	0		22b. DATE SI		
	A	Vann	7	-f.		ATTENDING M	EO.	STAFF			6
	1112	+ 16/	1)4	Men	M.D.	PHYS. DI	IRECTOR	PHYS.	Oct. 1)-T20	<u> </u>
221	NAME (TY	no)	70 20			22d. ADORESS	1 1 0	11 77 2	1 . 1 . 2 . 2	07.5	0.7
	(,)	Dr. Rex	R. Ma	rtin		220 N. Mar	ket S	St Frede:	rick-Md	• 571	OT
23a. B	URIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEME	ETERY C	R CREMATORY	23d. L	OCATION (City, tow	n or county)	(Sta	ate)
R	EMOVAL (Spe	Oct. 1	6_1066	St. Luke's	Tast	honon Com					100
	UNERAL DIRE		7-1700				DRYPE	aville- Ma	TATANA	ATIIDE	
27. FL			d Ti	rn		000	T - C		THE CHARLE	A P	
	M.H.B	tchison & S	on	Frederick,	Md.	21701 OATE UL	11 70	1966	Charles	Judy	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
		EN ENEN AV	a. STATE D. COUNTY	- 2
	-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and also nearest town)
		write RURAL and give nearest town)	c. CITT OR TOWN (IT DURSING COPPORATE HIMITS, WITTE RORAL	
		1 degs	predouck	16.1
	11	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1		Frederick Mennisl	237 East Church St	YES NO
	3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	M	(Type or print) BABV GIRI	RITZ OF DEATH OCT	7 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		YEAR IF UNDER 24 HRS
	1	WIDOWED DIVORCED	30 Sept 66 last birthday) Months	Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
ì	dur	Ing most of working life, even if retired) INDUSTRY	5 . a d	UNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	WY4
ŀ		+01 . h	14. MOTHER'S MAIDEN NAME	-
		John Lewis Bonnell	Jana Marie Mals	
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. is, no, or unknown (If yes give war or dates of service)	INFORMANT Address	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Λ΄ Λ	INTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY:	at tailure	ONSET AND DEATH
		MMEDIATE CAUSE (a)		
		DUE TO TOLO A teloch	Tala & Para at t	
		conditions, If any, which gave rise to immediate (b)	ass & viences aren	
		cause (a), stating the DUE TO	1	
	_	underlying cause last. (c) & www.allehe	rg .	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3	CA			YES NO
		20a, ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	SER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			AE OF INJUDY III	(04-4-)
	MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	ity) (State)
	ME	p.m. 19 While Not While at work		
		21. I certify that (I) (this hospital) attended the deceased from 30	Sept , 1966, to Toct , 1966	that (I) June last
			death occurred at ALGEM, from the causes and on th	
ī	9	22a. SIGNATURE		TE SIGNED
		R LIUSY M.D.	ATTENDING MED. STAFF PHYS.	3/1-66
		22c. PHYSICIAN'S	22d. ADDRESS	400
	l	NAME (Type)	1. 10 3 nd St. tarde	NOR MH
۱	23a	. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
	1230	REMOVA (Specify)		ity) (State)
ij	YE	REMOVING (Specify) LEASE HOSPITAL 10/10/66 FREDERICK MEM	ORIAL HOSPITALIFICENCIE FRENER	ICK MO
-	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
1		F. Daved Goungalal	DATE DCT 1 1 1966 / Clian	res judge
4	6	- 216614		9 4
	-			

* * * * * 33. 444 30. -Description of the second Fred Will No see the second Francisco Homos Grand THE PROPERTY E 414.7 1. N. 1. There is all the second the of the man to be to be the first STATE TO STATE OF THE STATE OF Per it was in the for the fall being when the while fall and the fall of the f

TO FUNE INTEGERATION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14148

1	ラインと			CERTIFICA	IL OF	DEALL	200		11	7 40		
1. PL	ACE DF DEATH						CE (Where de		If institution:	Residence	before ac	dmission)
a,	COUNTY	Frederi	ck	MARYLAN		TATE Ma-	ryland	b.	COUNTY	reder	i ale	
b.	CITY OR TOW	N (If outside corpora and give nearest tov		c. LENGTH OF STAY IN				porate limi	ts, write RUR			st town)
	Write RURAL	and give nearest tov	vn)	10						- ,		
- 1	Emmitsb	DITAL OR INICTITUTE	OB) /IS not in h	ospital, give street addre	d CTDF	ET ADDRESS				10	. IS RES	IDENCE
u.			או (זו ווטג ווו וו	ospital, give street addre	u. SIRE	EI AUUKESS					ON A	FARM?
		t Main				17	West 1	Main_		1		NO
3. NA	ME DF CEASED	F	Irst	Middle	La	ıst	4. DATE		Month	Day	Ye	
(Ту	pe or print)	Jos		Warren	Gelwi		DEATH		. 7		19	
5. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE C	F BIRTH	9.	AGE (In)	years IFUNDE	R 1 YEAR	-	
Ma	ale	White	WIDOWED	DIVORCED	June	12,188	7	70	rs. Months	Days	Hours	Min.
10a. US	UAL OCCUPAT	ION (Give kind of work	done 10b. K	(IND OF BUSINESS OR			ounty & State		ountry) 12.	CITIZEN	OF WHAT	
Ret	most of work	ing life, even if retire hsmith	(d)	NDUSTRY	Firm	mi t chu	na Fr	ederi e	k Co. N	COUNTRY	U.S	Λ
	ATHER'S NAM					THER'S MAIL		CACLIC	n oge I	100	0.0	• 11.0
			0-7					770.3				
15 14/4	AC OFOEACED	Cornelius (17. INFORMA		arroll		Address			_
(Yes, no	o, or unkown)	(If yes give war or dates of	of service)									
	No	- 1 - 4 - 51 -	2	20-01-5733	Mrs. Ra	lph Ire	elan,	Emmits	burg, M	id.		
18			A .	line for (a), (b), and (c).]							RVAL BE	
- 17	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(2)	ronery o	calle	ALire	1		1	um		1 -
	4201			0 -	1	1 1						-
Co	inditions, If	OUE any, which \	On!	es macoonal	a 0.2	SOLA	ORRI)	serve	1701	211	
ga	ve rise to	Immediate (70	a con conte	^	1-00-		-		U		
	use (a), st derlying caus		A	cherlous	1011 -			10	RALLES.	7 42	ans	2
			ONS CONTRIBI	UZING TO DEATH BUT NOT	ELATED TO TH	E TEDMINAL	DISEASECON	INTIONCIV	EN IN PART 16	119.	WAS AL	ITOPSY
CERTIFICATION WA	uti ii. o iii Ett s	IIIIII IOAII GONDIII	ONS CONTINIES	OTHER TO DEATH BOTHOTT	CELATED TO TH	E LEVIMINAL.	DISCASECON	Dillowdia	THIMI VILLY		PERFOR	MED?
유									1.11.26.11.22	YE	S	NO X
120 OR	a. ACCIDENT R CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH 20b.	DESCRIBE HOW INJURY O	CCURRED. (En	ter nature o	f Injury in P	art I or Pai	rt II of Item 1	18.)		
	EITHER, NO	TIFY MEDICAL EXAMI	NER)									
B 20		NJURY Month, Day,	Year 20d. 1		PLACE OF INJ			(City or to	wn) (C	ounty)	(:	State)
MEDICAL	Hour a.n	-	While at wor	Mot while	actory, sueet,	onice blug., e	, (c.)	0				
≥ -					Mall	/ 1	065- 10	1918	/ d 10/	6, th	ot (1) (s	un) laci
				led the deceased from			96), to	om iba aa	uses and on	الا رستهم	at (I) (I	t chous
22	saw the dei	ceased alive on	6	(6 1966, and	tnat death of	curred at_	O TIVI, II	om the ca	USES and on	DATE SIG	NED	above
	a. SiditAioi	" Wite	lad	10-	ATTEN		MED.	STAFF		17.		6
22	c. PHYSICIA	NIC			M.D. PHYS.	ADDRESS	DIRECTOR	PHYS.	L loc o	119	1900	9
- 22	NAME (T)	lam	R. Cad	٩٢	220.		mmi t abı	and M	owel one	1		
									aryland			
23a. E	BURIAL, CREM REMOVAL (Spe Burial	ATION, 23b. DATE		23c. NAME OF CEME	ERY OR CREM	ATORY	23d. L	UCATION (C	ity, town or o	county)	(S	tate)
			0,1966	St. Joseph	n's Cat	nolic	Emmi	tsburg	Frede	erick	Co.	Md.
24. F	UNERAL DIRE	CTOR	01/1/	ADDRESS		25a. RE	C'D BY REGI			R'S SIGN	ATURE	
me	Kare	nce 6.	Will	Emmitsbur	Md.	DATE	الم الال	1966	face	suces	Jud	ge
4-4-6-6		LET LATER TO AN A DATE .				- Address of the Control of the Cont			44		-	9

the state of the s Services, marked State. Mr. eller.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15148	CERTIFICATE	OF DEATH			
1.	PLACE OF DEATH			ere deceosed lived, if institution		odmission)
	o. COUNTY Frederick	MARYLAND	O. STATE MAY	- 4 LAND b. COUN	Tre de	~ ICK
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporote limits, write RUR.	AL and give neorest t	lown)
	write RURAL and give nearest town	Comonthe	Frede	rick	1	0 - 1
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	hospital, give street oddress)	d. STREET ADDRESS		e.	IS RESIDENCE ON A FARM?
	trederick Men	Norial	TENRIAIS B	rother M19		S NO X
3.	NAME OF First	Middle	Lost 4	I. DATE Month	h Doy	Year
	DECEASED (Type or print) George	NMN	Gladden	DEATH, Oct	- 26	1966
S.	SEX 6. COLOR OR RACE 7. 1	MARRIED NEVER MARRIED	8. DATE OF BIRTH 19	9. AGE (In years last birthdoy)		FUNDER 24 HRS. Hours Min.
	/VI C W	/IDOWED DIVORCED	8/5/17/01	Q 60 yrs.		
	o. USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTMPLACE (County & S	tote, or foreign country)	12. CITIZEN OF V	VHAT
1	VIGTANT FARM Worke			OLINA	U.S.	A
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	- /		
	WAKNOWN		CUNKNO			
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dotes of serv	vice)	INFORMANT	Addres	55 0179	INIA
L	140	167-16-21/3 M	TS LILLIAN	GLADGEN	NewChw	rch 1.0
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	er line for (o), (b), and (c).)		-10 1st		T AND DEATH
	IMMEDIATE CAUSE (o)	Chelval h	monhage	with left	henyles	- 10kg
	TT3 X DUE TO	11	C. 0	0 0'		a 7
	Conditions, if ony, which gove (b)	July Come	Chrovan	who dised	is 1-0	- Jan
	stoting the underlying couse lost.					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IDUITING TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE CONDI	TION CIVEN IN DADT 1/o)	110 W	VAS AUTOPSY
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT KEERIED TO	THE TERMINAL DISEASE CONDI	HON GIVEN IN FAKT I(O)	PE	ERFORMED?
FIG	20o. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t Lor Port II of item 18.)	163	L NO A
MEDICAL CERTIFICATION	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW HOOK! OCCURED.	(Enter notions of injery in for	1 0 101 11 01 11011 10.,		
R	20c. TIME OF INJURY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
MED	Hour o.m. p.m. 19	While of work of work of the state of the st	tory, street, office bldg., etc.)	to make your		
	21. I certify that (I) (this haspita		2-+17 .19	66, 10 Oct 2	6, 1966 tha	t (l) (we) la:
	saw the deceased alive an Occ			550M, fram causes	and an the date	stated abave
L	220. SIGNATURE		ATTENDING MI	ED. STAFF	22b. DATE SIGNED	5
	Henry (h	aseM.	D. PHYS. LL DI	RECTOR PHYS.	126 Oct	-66
	22c. PHYSICIAN'S NAME (Type)//e (2 V (1)	Chace	22d. ADDRESS 804 1011 F	House Ave 1	Frederic	CKM/
23	BO. BURIAL, CREMATION, 23b. DATE THEREOI	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov	wn) (County)	(Stote)
1	BREMOVAL (Specify) 10-30-1	966 HOPEFILL		Frederic	124 5	is ma
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D B	Y REGISTRAR 2Sb. RE		
	C, F, Hicks, III	Frederick, 18	DATE OC	T 3 1 1966	Tourses,	judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by after attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit perfinit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

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		MARYLAND STATE DE	PARTMENT OF HEAL	TH
	DIVISION OF STATISTICAL	RESEARCH AND RECORDS	S, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
7	7.150	CERTIFICAT	F OF DEATH	14120

		14150 Thems #8 CERTIFICATE	OF DEATH 1415	
	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re-	idence before admission)
		Frederick MARYLANO	Maryland b. COUNTY Freder	rick
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OF TOWN (If outside corporete limits, write RURAL e	
		Frederick	Frederick	10-1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0		618 West PATrick STreeT	618 West PATrick STree!	
	3.	NAME OF First Middle DECEASED (Type or print) SAMUEL	Last 4. DATE Month OF OF DEATH OCTOBER	Day Year 7 1966
1	5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IFUNOER 1 last birthday) Months I	
		MALE White WIDOWED DIVORCED /	1017/ 1904 OZ yrs.	Days Hours Min.
1	10a dur	a. USUAL OCCUPATION (Give kind of work done Industry Indu	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT JNTRY?
	Re	et. Potomac Edison Co. Bus Line Supt.		.S.A.
			14. MOTHER'S MAIDEN NAME	
1		Roym M. Gordon	Nora P. Magaha	
	(Ye	es. no. or unknown) ((If yes nive war or dates of service)	NFORMANT Address	Mourland
-	IN.		. Linda W. Gordon Frederick,	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Cutt Coronan	Mem posis	
		4201 DUE TO		
		Conditions, if any, which gave rise to immediate (b)		
		cause (a), stating the DUE TO		
П	Z	underlying cause last.) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1/a)	19. WAS AUTOPSY
	ICATIO	Hypertenia 1	ED TO THE FERMINAL DISEASE CONDITION GIVEN IN FAIR 14(e)	PERFORMED? YES NO NO
	CERTIFICATION		RED. (Enter nature of injury in Part I or Part II of Item 18.)	
- 1			E OF INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)
	MEOICAL	Hour a.m. While - Not While - factory	, street, office bldg., etc.)	
4	M	p.m. 19 at work at work	10 1- 10	Abot (I) (wa) loot
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 and that (death occurred at the causes and on the	_, that (I) (we) last
Н		22a. SIGNATURE	1 22b DA	TE SIGNED
9		a Christin Reason. M.D.	ATTENDING MED. PHYS. 10-	26-1966
		OCC. DILYCIO IANUC	22d. ADDRESS	
		NAME (Type Dr. A. Austin Pearre, Jr. M.D.	. Frederick, Maryland	
	23a	a military to a life of		
		Burial 10-24-1900 Mount Univer		
1		4. FUNERAL DIRECTOR ROBERT E Bailey & Son Frederick, Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
5	1	Robert E. Dailey Son Crederick, Ma	TYTAND DATE OCT 25 1966 Julian	es judge
				-

VR A15 (4) 15M 4-64 los. Pareso Elizar Jo. Par Line Surt. - Jalier e, Torrismi U.B.A.

H. A. Custin Formo, Tel. H. B. Bedatio , 'srylen

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, on removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTICICATE OF DEATH

_	~ 4 4 0 3	OLKINIOAIL	- OI DL	4111		IUI	
1.	PLACE DF DEATH a. COUNTY			IDENCE (Where de	ceased lived, If Institution	on: Residence befor	re admission)
	tridorial	MARYLAND	a. STATE	0-1	b. COUNTY	a alain 1	
	b. CITY DR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOV	VN (if outside cor	porate limits, write RL	IRAL and give ne	afest town)
	write RURAL and give nearest town)	suks 2d.	Rus	f.	Profest.		10-1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADD	RESS	urysow		RESIDENCE
	Feel by	21			,	P ⁴	A FARM?
3.	NAME DF First	story.	1001	LA DATE	Month	YES	NO
٥.	DECEASED	Middle	Last	4. DATE	Month	Day	Year
5.	(Type or print) DOROTHY SEX 6. COLOR OR RACE 7 MARRIED	TRENE (DATE OF BIRT	DEATH	Cove		19 66
٥.	Y MARKIED	NEVER MARRIED 8	. DATE OF BIRT	Н 9.	AGE (In years IFUN last birthday) Mont	DER 1 YEAR IF UN	urs Min.
	Y WIDOWED		may 19 1	913 13	3 yrs.		1111
dur	a. USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	IND OF BUSINESS OR YDUSTRY	11. BIRTHPLA	CE (County & State,	, or foreign country) 1:	2. CITIZEN OF W COUNTRY?	HAT
	HOUSEWIFE	-	trede	rick, Co.	m	U.S.A	
13.	FATHER'S NAME		14. MDTHER'S	MAIDEN NAME			
(Raymond O. Xmitte	2	anni	e. Cons	12071		
15	. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. : s, no, or unkown) (If yes give war or dates of service)	SDCIAL SECURITY ND. 17.	INFORMANT		Address		4
		0-01-1270 mr	atter	E MARRIE	F. 1.	-A BI >	vd.
1	18. CAUSE OF DEATH [Enter only one cause per li		· mue	c. ween	- redere	INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY:	and in an	-			ONSET A	ND DEATH
	IMMEDIATE CAUSE (a) CO	rose ary	(a)		11.55		
	Conditions, If any, which	taila	a dit				
9	gave rise to immediate	- Jerray sen co	Cer av	<u> </u>			
	cause (a), stating the DUE TO	and Carley					
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH DIT NOT DELAT	CED TO THE TERM	INAL DISEASE CON	DITION CIVEN IN DADT	1(a) 19. WAS	AUTDPSY
F	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 1- h AA :1-	~ O THE TERM	INAL DISEASE CON	DITIONGIVEN IN PART	PERI	FORMED?
FIC	Myocardia Maclin, Dia	dur Millian,	I enal Sto	nes and o	Dyll nephr, K	YES	NO 🗌
2	DR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nat	ure of injury in Re	art I or Part II of Iten	1 18.)	- 15 14
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
CA	Haus am	factor	E OF INJURY (Ho y, street, office bl		(City or town)	(County)	(State)
MEO	Hour a.m. While p.m. 19 at work	ואטן אאווופ ביין), 54 cct, 6111cc 51	dg., c.to.,			
	21. I certify that (I) (this hospital), attende	ed the deceased from Size	pt. 11.	. 1966 to	Oct. 18 . 1	966, that (I) (we) last
	saw the deceased alive on Oct. 18	1966, and that	death occurred				
Н	22a. SIGNATURE				22b	The second secon	
	(Clustin Team	M.D.	PHYS.	MED.	STAFF DOC	t. 18. 19.	66
	22c. PHYSICIAN'S		22d. ADDRE			1.7-7.71	1
	NAME (Type) A. ALSTIN PE	EARRE, SV.	1804 Jan	El House	are . Free	terick.	md.
23a		23c. NAME OF CEMETERY	OR CREMATORY	23d. L0	CATION (City, town of	r county)	(State)
	Burial 10/21/66	Chapel a	201111	Mr.	Thestate	7,51	mod
24.	7	ADDRESS	25a	REC'D BY REGIS	STRAR 25b. REGIST	RAR'S SIGNATUR	E
	BARTON'S 1020B	ourison m	DAT	DCT 2	1 1966 80	lanles &	udse
	- The same	10/10/1/1/1	DAI	- 001 7	1,400	- V	

Associate the state of the stat tederic & may count Here at the way to the DOROTHY INENE GREEN DECKED T. L. Carrier and D. 1913 63 A. F. Houseweek - Indicate ind Mostle Paymond a Shouth and anger and The survey of the second street of the second sudmich Al med William Control of the State of The death of the west had the thirty bearing in the property in De Chate Character of the said section of the comme 11/11/64 Chappele Searce in Lehesterines 20 DARLOW I WILLKOWNER TO BUT THE SEE THE SEE THE SEE

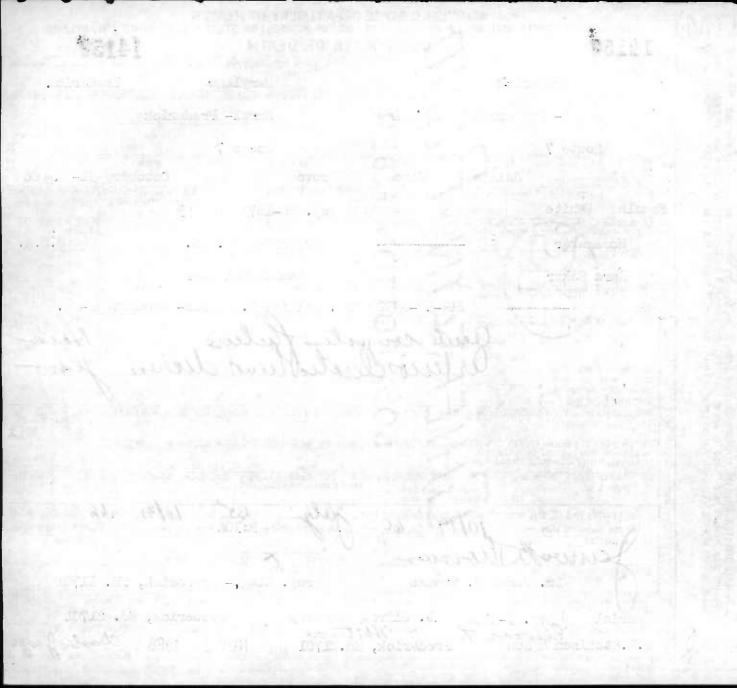
TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 415 14152

	E OF OEATH					CE (Where dec			e before admission)
a. U	DUNTY	derick		MARYLANO	a. STATE	ryland	b. coun	ry Freder	rick
b. C	TY OR TOWN (if outsider it outside it is not not in the interest of the intere			c. LENGTH OF STAY IN 1	_(1		orate limits, wri		
٧	rite RURAL and give no Rural—			Lifetime	D111	nol. Fra	ederick		10-1
d. N				ospital, give street address			edel.TCK		e. IS RESIDENCE
								_	ON A FARM?
	Route 7					ate 7			YES NO T
DEC	E OF EASED	Firs	-	Middle	Last	4. DATE OF	Month		
	or print)		lie	Jane	Grove	DEATH	Octo		20
5. SEX		OR RACE 7	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1 YEAR Months Oays	Hours Min.
Fema	le White		WIOOWEO	DIVORCED _	Aug. 28-18		93 yrs.		Hours Will.
10a. USU	AL OCCUPATION (Give ki ost of working life, eve	nd of work do	one 10b. K	(IND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN	OF WHAT
ant mg II	Homemaker	ii ii retired)		HOUSTRI	Frederic	c Co. M	d	COUNTR	U.S.A.
13. FAT	HER'S NAME		-		14. MOTHER'S MAI				0.000
120	P-ma Dalesm				Amondo	Dolout	024		
15. WAS	Ezra Baker OECEASED EVER IN U.S.	ARMED FOR	CES? 16.	SOCIAL SECURITYNO. 17	. INFORMANT	Delaut	Addres	s	
(Yes, no,	or unkown) (If yes give w	ar or dates of s	ervice)			0 01 0			F 2
_ No			-		rs. Lillian	P. Shai	er- Shoo		
18.			cause per l	line for (a), (b), and (c).]	- 12	-1			ERVAL BETWEEN SET AND OEATH
	PART I. DEATH WAS C	AUSED BY: TE CAUSE (a) Cla	ile Courses	lino Tal	luro		14	beer
1	+200	OUE TO		1 10	1/	1	1.		2
	litions, If any, which	1 0	1/1	leren ell.	sallelle.	art o	URlax	o Te	dro
	rise to immediate e (a), stating the	(A	
	erlying cause last.) ((0	
				UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a) 19.	
PAR			12. 3					Y	PERFORMED?
E 20a	ACCIDENT WAS UNDER	RIYING [7]	1 20b.	OESCRIBE HOW INJURY OC	CURRED (Enter nature o	f Inlury In Pa	rt I or Part II of		110 12
S OR	ONTRIBUTING CAUS	E OF DEATH	d Con	OLOGRIDE HOW MISORY OF	SOUTH CO. (Eliter nataro e	, ,,,,,, ,, ,,	,	201,	
				MUNDY COOLING TO LOG - P	AAS OS INIUDVAL	1 005	014	(County)	(Ctata)
MEDICAL 20c	TIME OF INJURY MO	nth, Oay, Ye		NJURY OCCURRED 20e. P	LACE OF INJURY (Home, tory, street, office bldg.,	arm, 201. (etc.)	City or town)	(County)	(State)
MED	p.m.	19	at wor	k Not While at work	4				
2	1. I certify that (I)	this hospit	tal) attend	ed the deceased from_	Melly	9(05 to	11/31	. 19 66. t	hat (I) (we) last
	aw the deceased ali		101		at death occurred at	9:30M fro	m the causes	and on the dat	te stated above.
	SIGNATURE	1	1		1 9			22b. DATE SI	
	10111199	2/12	MA	nia-	I.O. PHYS.	MEO. OIRECTOR	STAFF PHYS.		
22c	PHYSICIAN'S		0.90 0		22d. ADORESS	OHILLOTON L	<u> </u>		
	NAME (Type) Dr	. Jame	s B.	Thomas	Prof. Bl	dg Fr	ederick,	Md. 217	701
23a. Bl	RIAL CREMATION J 23	b. OATE TH	IEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	1 23d. LO	CATION (City, to	wn or county)	(State)
RE	RIAL CREMATION, 23 MOVAL (Specify) Surial	ov. 3-	1066	Mt. Olivet			derick,		
1	NERAL OIRECTOR	/				1 110	enou non	ATL C	/ da
M.		woo	2 4	ADDRESS Will	25a. RE	C'D BY REGIS	TRAR 25b. RE	GISTRAR'S SIG	NATURE

5 (4) 1/65 A15



MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

+	~ 4400	OLK III IOATE	OI DEATH	•		123	
y.	PLACE DF DEATH a. CDUNTY	1	2. USUAL RESIDEN	CE (Where deceased I		Residence before	admission
	* 1 1 1	STADVI AND	a. STATE	la be to David	b. COUNTY	- I - A - I -	
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If	outside corporate	limits write RIRE	I and give near	est town
	write RURAL and give nearest town)	STEERING OF STATE IN 25	o. om rown (ii	outside corporate	minto, write non	and give near	/
	Frederick			KEMMEKEK	Frederi		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	apital, give street address)	d. STREET ADDRESS				ESTOENCE FARM?
	Frederick Memorial Hospi	tal	97 Stown	rt Manor		YES	NO
3.	NAME DF First	Middle	Last	4. OATE	Month	Oay Y	ear
	(Type or print)		Guss	DF DEATH	DCTOBER	/0 19	166
5.	SEX 6. CDLDR DR RACE 7. MARRIED [X NEVER MARRIED 8.		I Q ACE	(In years LIFTINDE	R I VEAR HE HAD	
	7. MORRIED B	VI WEACH MAKKIED	. One or billing	last	birthday) Months	Oays Hours	
10	Female White WIDDWED			76	yrs.		
du	Da. USUAL DCCUPATION (Give kind of work done 10b. Kir Iring most of working life, even if retired) INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	ounty & State, or fore	ign country) 12.	CITIZEN OF WHA	Al
		t Home	Russia			USA	
13	3. FATHER'S NAME		14. MOTHER'S MAIC	DEN NAME		40/1	
	Cake on Daswich		Auro	0			
15	Gerson Resnich 5. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. S	OCIAL SECURITY NO. 17.	Anne		Address		
(Y	es, no, or unkown) (If yes give war or dates of service)	OUINE SECONITI NO. 17.	INT DIVINERAL		FI	rederick	. Md.
	No	No Mr	. Maurice (Guss, 405	Culler A	senue.	
	18. CAUSE DF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]				INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY: CERE	BRAL THROM	480515	_		ONSET AND	UEATH
	227	ONA- MINO	1.00313				
	Cenditions, If any, which	0.0 11 10 00	DATRALTA			4 4 5 5 6 6	
	gave rise to immediate (b) CF/0	ERALIZED /	HRTERIOSE.	LEKOSIS			
	cause (a), stating the OUE TO					1000	
_	underlying cause last. (c)						
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO OEATH BUT NOT RELAT	ED TO THE TERMINAL O	DISEASE CONDITION	I GIVEN IN PART 1 (a	19. WAS A	UTDPSY RMED?
CA						YES 🗍	NO X
=	20a. ACCIDENT WAS UNDERLYING 20b. OF	ESCRIBE HOW INJURY OCCUR	RREO, (Enter nature of	Injury In Part I o	r Part II of Item 1	8.)	
ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					3 2 3 4 7 4	
-		HIDY COOLIDED LODG BLAC	E OF INITIDY/IIama fo	am I ook (oliv a	(0)	and the same	(Ctoto)
2	Hour a.m. While	JURY OCCURRED 2De. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	erm, 20f. (City o	r town) (Ce	ounty)	(State)
ME	p.m. 19 at work				,		
	21. I certify that (I) (this hospital) attended	d the deceased from	1	9, to	10/ 10, 19/	6 that (11)	(we) last
	saw the deceased alive on 10/1	1966, and that		3 15 M from the			
	22a. SIGNATURE	allu tilat	ueath botonet at 2	ZZZIVI, ITOITI EIII		OATE SIGNED	u above
	DI PP	01.			AFF -	110/11	
	22c. PHYSICIAN'S	Cas) M.D.	PHYS. ADORESS	OIRECTOR PH	IYS.	110/66	
	NAME (Type)			ich Haber	Pand		
		molds		ick, Mary	cara		
232	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATIO	N (City, town or c	ounty) (State)
	Burial 10/12/66	Bardens of King	g Solomon	Fr	ederick.	Maryland	1
24	4. FUNERAL DIRECTOR	ADDRESS Kes		C'O BY REGISTRAR			
C	ol Levinson & Bros. Inc., &	6010 Reisterst	own DATE O	CT 1 3 198	\$6 Icha	ver Jud	ge
0	or revenous a bicos, inc.	JUIU RECOVERDA	DATE		1	1 1	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prostcan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4154 CERTIFICATE OF DEATH 14154

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence Defore admission) a. STATE b. COUNTY
Frederick MARYLAND	Maryland Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Fraderick 6 veers	Knexville (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. Street address e. Is residence on a farm?
Montevue Infirmary	Rt L YES NO X
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Sag 1 n NMN	Guyan DEATH October 22 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female Negro WIDOWED X DIVORCED	8/7/1875 91 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Domestic	Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Drummer	Rachel Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address
No #### 219-54-2306	Hospital records Frederick, Md
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 15 MMCho-	numma stays
6926 DUE TO	
Conditions, If any, which) (b)	s arels
gave rise to Immediate (cause (a), stating the DUE TO	
underlyIng cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 Chewing Hill	W SCLUTION YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While at work at work at work	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	NOV 1 1963 to Oct 22 1966, that (1) (we) last
	at death occurred at P.M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
(Somary). Mullas Sam	D. ATTENOING MED. STAFF DIRECTOR PHYS. DIVID. 24, 1966
22c. (HYSICIAN'S NAME (Type)	22d. ADDRESS
Bernard O. Thomas, Jr	Proffesional Dldg Frederick, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 10/24/66 Hopehill	Frederick Co, Md
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
C.E. Hicks, 111 Frederick, Md	DATE ACT 25 1956 Ocharles Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attendance of please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. That please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MEDICAL CEPTICICATION

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND NOISIVID CERTIFICATE OF DEATH

	OLICITI IOAT	L OI DEATH		1 .3 . 7
a. COUNTY			E (Where deceased lived, If institution:	Residence before admission)
Frederick	MARYLAND	a. STATE Maryland	b, county Frederi	ck
	LENCTH OF STAY IN 1b		outside corporate limits, write RURA	
Rural - Frederick	Years	Rural - 1	Frederick	18-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	Ital, give street address)	d. STREET ADDRESS	10001101	e. IS RESIDENCE
Route # 4		Route # 1	4	YES NO
B. NAME OF FIRST	Middle	Last	4. DATE Month	Day Year
	Russel	Hargett	DEATH October	6 1966
6. CDLDR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE Months	R 1 YEAR FUNDER 24 HRS.
Male White WIDDWED	DIVDRCED J	uly 15, 1889	81 yrs.	Days Hours Will.
Oa. USUAL DCCUPATION (Cive kind of work done 10b. KINE uring most of working life, even if retired) 1NDI	OF BUSINESS DR	11. BIRTHPLACE (Co		CITIZEN OF WHAT
Retired Farm		Frederick (County, Maryland	U. S. A.
3. FATHER'S NAME	HICE HILLS	14. MDTHER'S MAID	EN NAME	
William D. Hargett		Florence	ce Renn	
	CIAL SECURITY NO. 17.	INFORMANT	Address	
	34 1021 Mr	s. Grace Har	rgett(Same as item	# 2)
18. CAUSE OF DEATH [Enter only one cause per line		1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	mal 11 mans	las masi	Lost	DNSET AND DEATH
IMMEDIATE CAUSE (a)	via varau	car mod	w.	- Jacoba
Conditions, If any, which	100 NATON	polleroris		Se NI
gave rise to immediate	au junery	yacca co		- pour
cause (a), stating the DUE TD underlying cause last.				
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISFASE CONDITION GIVEN IN PART 1/a) 119. WAS AUTOPSY
			100102001101110110111111111111111111111	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING [7] 20b. DES	CRIBE HOW INTURY OCCU	RRED (Enter nature of	injury in Part I or Part II of Item 1	YES NO X
2Da. ACCIDENT WAS UNDERLYING \(\) 20b. DES OR CONTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	onibe fibri filodi occo	KKED. (Eliter hatero of	mjury in rate i or rate ii or item 1	0.)
	RY DCCURRED 2De. PLAC	E DF INJURY (Home, far	rm, 2Df. (City or town) (Co	ounty) (State)
Hour a.m. While work at work	Not While at work	y, street, office bldg., et	c.)	
21. I certify that (I) (this hospital) attended		N/ax: 10	63, to 10/6, 199	6. that (I) (we) last
saw the deceased alive pn		death occurred at 1	D: 1M, from the causes and on	
22a SIGNATURE	und that	death occorred at a		DATE SIGNED
James Mar	CRO. M.D.		MED. STAFF OCT	ober 7, 1966
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) James B. Thomas,	M. D.	228 N. Mar	ket Street, Freder	ick, Md.
3a. BURIAL, CREMATION, 23b. DATE THEREDF 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LDCATIDN (City, town or co	ounty) (State)
Burial Dct. 9, 1966 M	ount Olivet C	emetery	Frederick, Maryl	and
24. FUNERAL DIRECTOR double 7	NADDRESS Facle		'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
M. R. Etchison & Son, Fre	derick, Marvl	and DATE	OCT 1 0 1966 och	20/0 0
	2 4-4-			200/4

the second Section to make the CONTROL OF THE STATE OF THE STA Colon Carrella Markette Both Charles and the Electrical Control of the Cont Dog. S. Lice Land M. J. S. Sept. 1990 The latest and the la

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	Tano.)	OLKIIIIOAI	L OI DEATH		- 1	415	1		
1.	PLACE OF DEATI	1		2. USUAL RESIDENCE	E (Where dec			esidence	before ac	dmission)
	a. COUNTY	Frederick	MARYLAND	a. STATE Mar	yland	b. COUN	ITY Fr	eder	ick	
_	b. CITY OR TOW	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	0	orate limits, wr		-		t town)
	write RURAL	and give nearest town) rederick	Several yrs.	Freder	ick			1	5 - 1	
-		SPITAL OR INSTITUTION (if not in h	ospital, give street address)		7017			1 0	IS RES	
		ederick Memorial		11	Colle	ge Terra	Ce	Y	ON A F	NO 🔀
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	-	Day	Yea	
	(Type or print)	Millard	Walter Hick	man-Sr.	DEATH	Oct	ober	25-	19	66
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	IFUNDER	1 YEAR		
	Male	White WIDOWED	DIVORCED DIVORCED	Oct. 2-1880		86 yrs.	Months	Days	Hours	Min.
10	USUAL OCCUPAT		(IND OF BUSINESS OR	11. BIRTHPLACE (Co) 12. C	TIZEN C	F WHAT	
uui			neral Mdse.	Waterfor	d- Vir	rinia	00	UNIKI		S.A.
13	FATHER'S NAM		101 011 11000	14. MOTHER'S MAID		3-1-1-1	,		0 0 1	, , , ,
	John	Philip Hickman		Christ	ina S	Compher				
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	THE D.	Addres	S Fran	deni	lck-l	182
(Y		(If yes give war or dates of service)	12 00 9070 16	na Munici	Door	306 TET C				ild.
=	NO 1 18. CAUSE OF	DEATH [Enter only one cause per		rs. Muriel H	• Daer	-TOO M.*C	OTTOI		RVAL BE	TWEEN
2		EATH WAS CAUSED BY:	1	. Pro ale	6	(TAND	
	11011	IMMEDIATE CAUSE (a)	NACOUNE COM	2 Grovelis-	pull	morria			-4-Z	Us-
	Conditions If	DUE TO								
	Conditions, If gave rise to	immediate (D)								
	cause (a), st	tating the DUE TO								
z	underlying caus		LITING TO DEATH DUTAINT DEL	ATED TO THE TERMINAL D	NOTACTOON	NITION OBJECT IN	DADT 1/a)	119.	WAS AU	ITODOV
CERTIFICATION	OI OHERS	GIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT KEL	ATED TO THE TERMINAL L	SEASE CONT	+ TO (IO CAR S		PERFOR	MED?
FIC.	Lu. XLys	uplatic Sulle	mia (4/64) H=	J. Mart	Us.ja	· tele (764 :	YES		NO X
RT	OR CONTRIBUTI	W S UNDERLYING 1 20b. NO CAUSE OF DEATH (IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury¢in Pa	rt I or Part II o	f Item 18.	}		
MEDICAL	20c. TIME OF I		fact	ACE OF INJURY (Home, fa ory, street, office bldg., e		City or town)	(Cou	nty)	(9	State)
H H	p.r	111110	MOL WHITE	.,,,,,				,		
	21. I certif	y that (I) (this hospital) attend	led the deceased from	7 april 1	964 to	250 0	, 194	2. th:	at (I) (v	ve) last
	T 100	ceased alive on 2.50 or		nt death occurred at8						
	22a. SICNATUR	RE A.A.A.					22b. D			
	U	well & could	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	Oct	.25-	-1966	5
-	22c. PHYSICIA NAME (T)	N'S	Q T.	22d. ADDRESS						
	THAT (1)	(pe) Charles H. Con	nley, Jr.	Prof. Bld	g Fre	ederick,	Md.	2170)1	
23		ATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LO	CATION (City, to	wn or cou	inty)	(St	tate)
	Burial	Oct. 28-1966	Mt. Olivet Co			derick,				
24	. FUNERAL DIRE	CTOR Elwood -	111-0-	1100.00	C'D BY REGIS	TRAR 25b. R	12 cm 1	40	400	
	M.R.Etc	chison & Son	Frederick, Md	.21701 DATE	00126	1366	fallo	relex	Jus	tel

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4157

CERTIFICATE OF DEATH

14157

1. PLACE OF DEATH a. COUNTY		CTATE	here deceased lived, if institution: Res	idence befare odmissian)
Frederick	MARYLAND	o. STATE Maryl		ntgomery
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If aut	side carparate limits, write RURAL and	give nearest town)
Frederick	25.11.5	Rural	- Boyds	15-2
d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Mem. Hos	pital	RFD #	# 1, Box 253	YES NO X
3. NAME OF First DECEASED	Middle	last Huff	4. DATE Manth OF DEATH Oct.	Day Year 19 66
(Type or print) Clarence S. SEX 6. COLDR DR RACE 7. MARRIED		8. DATE OF BIRTH	DEATH	DER 1 YEAR IF UNDER 24 HRS.
7.16		Feb. 6, 190	last birthday) Mont	
110,20	ND DF BUSINESS OR			2. CITIZEN OF WHAT
	DUSTRY	Westmins	,,	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Edward Huff		unkno	own	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. I	INFORMANT	Address	
(Yes, na. ar unknown) ((If yes give wor or dates of service))	9-05-2162	Charles H	aff, Boyds, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for		1		INTERVAL BETWEEN
DART I DEATH WAS CALISED DV		clysrun		20NSST AND DEATH
4201 DUE TO				
Canditians, if any, which gave) (b) COY	ronary Ax	teriosclo	(45,75	yours
rise to immediate cause (o), stating the underlying cause				
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T 20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 20b. DES OR CONTRIBUTING 20b. DES	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING \(\square\) 20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Doy, Yeor 20d. IN		CE OF INJURY (Home, form,		(County) (Stote)
Hour a.m. While p.m. 19 at wark		tory, street, office bldg., etc.)		
21. I certify that (I) (this haspital) often	ded the deceased from	15 Dan. 1	957, to 16 Octi,	1966, that (1)-(wo) last
	1966, and tha	t death accurred of	2 300 M, from causes and o	n the date stated obove.
22a. SIGNATURE	X- H.	ATTENDING 😽	MED. STAFF	DATE SIGNED
Joseph Murdoch	mul M.I	D. PHYS.	DIRECTOR LI PHYS. LI/E	Oct 66
22c. PHYSICIAN'S GOYdon Murdon	ch Smith,"	1) 22d. ADDRESS Bay	nesville, M	di
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
REMDVAL (Specify) Burial Oct.19, 1966	Mt. Carr	mel	Littlestow	
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D	BY REGISTRAR 25b. REGISTRA	
Olin L. Molesworth,	Damascus, Md	. DATE OC	T 2 0 1966 JCL	wells Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please combon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 moy be retoined by the hospital or ottending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

p = 1000 Post of the g | - | - | - | , THE MALE LANGE ACTION AND STREET, ARTHUR SET OF A LINE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regrove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HE	ALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAN
415\$	RESEARCH AND RECORDS, 301 W. PRESTON ST CERTIFICATE OF DEATH	14158

1. PLACE OF DE a. COUNTY	ATH				CE (Where deceased lived, If Institution	
Fre	derick		MARYLAND	Maryland	b. county	erick
b. CITY OR T write RUR	TOWN (if outside corporat RAL and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corporate limits, write RUR	RAL and give nearest town)
Fre	derick		Year	Frederic		10-1-
d. NAME OF	HOSPITAL OR INSTITUTIO	JN (if not in h	hospitai, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	rman Avenue			2 Norva A		YES NO NO
3. NAME OF DECEASED	Fir	Irst	Middle	Last	4. DATE Month	Day Year
(Type or prin		Village St.		ackson	DEATH October 26	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	8. DATE OF BIRTH	9. AGE (In years IFUND last birthday) Month	DER 1 YEAR FUNDER 24 HRS.
Female	White	WIDOWED	DIVORCED A	ugust 7, 18	93 yrs. Month	S Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work orking life, even if retired	done 10b. K	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	County & State, or foreign country) 12.	COUNTRY?
House	ewife	1)	NDUSIKI	Frederick	, Maryland I	U. S. A.
13. FATHER'S N	AME			14. MOTHER'S MAID	DEN NAME	
The	omas Woodward	d		Margar	ret Ann Abrecht	
15. WAS DECEAS	ED EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		herman Ave.
No No	n) (If yes give war or dates of		20 52 1685 Mrs	. Albert H.	Engelbrecht, Fre	
	OF DEATH [Enter only one		line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	12 467	1 420 Timinda	18/140		ONSET AND DEATH
420			1	- July La		1
1 10.0	If any which !	1001	John Maril	u Wenst	depare	Cirasa
gave rise	to immediate	(b) UT	Continue of	1 VILLY	100000	1
cause (a), underlying c	stating the DUE					
		(c) ONS CONTRIBE	HITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1((a) 119. WAS AUTOPSY
ICATI			Jimare Som Some Care	LD TO THE PERMIT	710ERGE GOTTON TOTAL TENE	PERFORMED? YES NO
	NT WAS UNDERLYING ☐ UTING ☐ CAUSE OF DEAT NOTIFY MEDICAL EXAMIN	TH NER)	DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	of injury in Part I or Part II of item	18.)
101	OF INJURY Month, Day,			CE OF INJURY (Home, fa	arm, 20f. (City or town) (C	County) (State)
Hour		While	Not While At work	ry, street, office bldg., e	etc.)	
	p.m. 19				10/2/ 10	In the state of the land
		itali attenu	ded the deceased from	, d'	1:40M, from the causes and or	that (I) (we) last
saw the	deceased alive on	-14/	19 66, and that			n the date stated above.
228. SIGITA	TURE 122A-T	TAM	01 00	ATTENDING X	MED. STAFF	-27-66
22g, PHYS	CIAN'S	VIOR	M.D.	D. PHYS. X	DIRECTOR PHYS.	27-66
	(Tuna)	B. The	omas, M. D.		rket Street, Frede	erick, Marylan
23a. BURIAL, CR	REMATION, 23b. DATE T	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
REMOVAL	Specify) Oct. 28	3.1966	Mount Olivet	Cemeterv	Frederick, Mar	างไลกส์
24. FUNERAL D	IRECTOR House	12 -	m. ADDRESS Fall	eles 25a. RE	C'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
M. I			Frederick, Mary			
	TO DIOTIZOOTI G	. 5011,	TICGOTION, MAI,	Tatia DATEUL	1 60 1300	rue grand

all a light of the party of the party of Committee of the commit And the second of the second o The state of the same and the s

death executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending this claim and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 apd 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

	7370	27			CERTIFIC	CALL	UF	DEATE				14	13:		
1.	PLACE OF DEAT	Н				1	2. USUA	RESIDENC	CE (Whe	re deceased I	lived, If in	stitution: I	Residence	before a	dmission)
	a. COUNTY	. 1-					a, STA	ATE			b. COUI	YTY			
	Frederi		rnovoto li	mita	MARYL		Mar	yland	a. da lal		P. P.	reder	ick		- A A
	write RURAL	N (if outside con and give neares	t town)	mrts,	c. LENGTH OF STAY	IN ID				corporate	itmits, w	TITO RURAL	. and giv	e neare:	st town)
	Frederi				Hours			deric	C			10.	/		J-77-3
	d. NAME OF HO	SPITAL OR INSTI	TUTION (i	f not in h	ospital, give street ad	dress)	d. STREET	ADDRESS					e	. IS RES	IDENCE FARM?
		Memorial	Hosp	ital		1	12 W.	Secon	nd S	treet			,	ES 🗌	NO 🔀
3.	NAME OF OECEASED		First		Middle		Las	t		ATE	Mont	h	Day	Ye	ar
	(Type or print)	Fra	nk		J.		Keefe	r	1	EATH OCT	ober		9	19	66
5.	SEX	6. COLOR OR R	ACE 7. I	MARRIED	NEVER MARRIED	1 8	. DATE OF			19 ACE	(In years	IF UNDER			
Ma	le	White	W	IDOWED	DIVORCED		lov. 2	7 180	77	68	birthday)	Months	Days	Hours	Min.
10a.	USUAL OCCUPAT	ION (Give kind of	work done		IND OF BUSINESS OR					State, or fore	yrs.	() 12, C	ITIZEN	OF WHAT	
durl	ng most of work	ing life, even if i	retired)	11	NDUSTRY							C	OUNTRY	?	
13	Photogra FATHER'S NAM	pher		Fre	d. News Pos	t	Fred	erick.	Ma	ryland		T.	S.	A	
15.						100	14. MOII	IER'S MAIL	JEN NA	VI E					
	Frank	B. Keef	er				L	illie	I.	Smith					
15. (Yes	WAS DECEASED	EVER IN U.S. ARM	ED FORCE	S? 16.	SOCIAL SECURITY NO.	17.	INFORMANT				Addre	SS			
	les	W W #	1	21	3 24 9146	Mrs	. Mar	merit	e K	eefer(Same	29 1	tem	# 21	
T	18. CAUSE OF	OEATH [Enter on	iy one ca	use per li	ine for (a), (b), and (c)	4T	(7)	00701	D COLLO	WD I		RVAL BE	TWEEN
		EATH WAS CAUSE	D BY:	M	as at use	te a	17-	100	110	0			ONS	ET AND	DEATH
	1120	IMMEDIATE C	AUSE (a)	011	923000	10 001		jan					-		
	720	/	DUE TO	20	110	2 4 4	0	01.		, (
	Conditions, if gave rise to		(b)_	10	8 (01)		K .	eur	50	re					
	cause (a), s		DUE TO		01.		A- 4	150	4	. 1	- 0 -				
	underlying caus	se last.	(c)_		meur	ma	ule	100	TOT	100	sea	2			
CERTIFICATION	PART II. OTHER	GIGNIFICANT CON		CONTRIBU	TING TO DEATH BUT NO	OT RELAT	LED TO THE	TERMINAL	DISEASE	CONDITION	GIVEN IN	PART 1(a)	19.	WAS AL	TOPSY
CAT	110	al a D	- (1	My.	ocail.	-0	Str	uha	nct				YE	PERFOR	NO T
Ē.	20a. ACCIDENT	WAS UNDERLYIN	IG IT	1 20h	ESCRIBE HOW INJUR	A UCCIN	RRED. (Ente	r nature of	Inlury	In Part I o	Part II o	of item 18		2 (Ca)	
ERI	OR CONTRIBUT	ING CAUSE OF	DEATH		PEOGRIPE HOW INJOK	. 00001	MED. (EINE	i iracaj o oi	mjutj	m rate ro	1 1 41 6 11 6	A TECH ZO	.,		
OC.	20c. TIME OF Hour a.r	INJURY Month,	Day, Year			factor	E OF INJUR y, street, of	i Y (Home, ta fice bldg., e	tc.) 2	Of. (City o	r town)	(00)	unty)	(;	State)
MEDICAL	p.i	***	19	While at work	Not While at work										
	21. I certif	v that (I) (this	hospital) attende	ed the deceased fro	om W	w-11	. 19	96/	to b	49	_, 19_6	.Z. th	at (I) (v	ve) last
		ceased alive or			19 66, ar										
	22a. SIGNATU					id that	acatii coo	01104 412		, , , , , , , , , , , , , , , , , , , ,	0 00000		DATE SIG		400101
	01		2 l	X		M.D.	ATTENDI PHYS.	NG P	MED. DIRECT	on ST	AFF IYS.	1	11-9	11	
-	22c. PHYSICIA	IN'S	12	ane	*	M.D.		DDRESS	DIRECT	UK L Pr	113.	1	(06	
	NAME (T	ype) 1 6 14	In as		CTONE			DI	2011	will	11	1/11			
23a.	DIDIAL COCK	IATION I 22b D	ATE THER	EDE	23c. NAME OF CER	METERY	OR CRESS	CORV	~ ~	. LOCATIO	M Miles	own or or	untu)	101	tate)
238.	REMOVAL (Sp	ecify)	ALE THER											(5)	late)
- 0.4	Burial	Oct.	12,	1966	Mount Olive	et_C	emeter	Y	Fi	ederi	ck, M	aryla	and	ATUDE	
24.	FUNERAL DIRE	her	ral		11. Ta	del	en	~25a. REC	C.D BA	REGISTRAR			'S SIGN		lac
	M. R. I	Etchison	& Son	n, Fr	ederick, Ma	arvl	and	DATE		19 19	56	it	, 00	1	1

VR A15 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

Lack of Lake of Lack of Lake o more level of the party of the control of the contr tel ye would be a second of the second of th the modern control of the statement of t

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafth. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
LATER
CERTIFICATE OF DEATH
LATER

_		12100
1.		USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	MARYLANO /	MARYLAND JOEDRICK
	WILLE KURAL and give nearest town)	ITY OR TOWN (If outside corporate fimits, write RURAL end give nearest town)
	Trederick 2 don	BRUNS MICK 10.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. S	TREET ADDRESS 0. IS RESIDENCE ON A FARM?
		LINIEST I ST YES NO
3.	3. NAME OF First Middle	Last, 4. DATE Month Cay Year
	(Type or print) / Eff! Denily	196 DEATH 10-10 1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OA	TE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
	te Nes WIOOWED OIVORCED 1	2-9-66 last birthday) Months Days Hours Min.
102	Oa. USUAL OCCUPATION (GIVE Kind of work done living most of working life, even If retired) INDUSTRY 11.	BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
-	12 fant	md. COUNTRY?
13.		MOTHER'S MAIOEN NAME
	mack home	hirly King
15 (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFOR	MANT Address
	NONE SH	IRLEY L KING
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) fety ateles	ONSET AND DEATH
	7625 DUE TO	
	Conditions, If any, which) (b) Mentury	
	gave rise to Immediate cause (a), stating the OUE TO	
	underlying cause last. (c)	
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT		PERFORMED?
TE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of Injury in Part 1 or Part 11 of Item 18.)
CERTIFICATION		
CAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	eet, office bldg., etc.)
~	21. I certify that (I) (this hospital attended the deceased from 10	7 1961 to 10-10, 1961, that (I) (we) last
		h occurred at / 5 AM, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNEO
		TENDING MEO. STAFF YS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	d. ADDRESS
	NAME (Type) CHARLES E WRIGHT	JREDRICE MD
23a	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CI	REMATORY 234 LOCATION (City, town or county) (State)
1	Burel 10-11-66 METHODIS	1 dovettsville var
24	24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Jeele Funeral Home Brunswich may	DATE OCT 13 1966 Scharles Judge
6	-216647	

The state of the s

WORE SHIRLEY L KING

CHARLES E MIRICHT FREDRICE MID

Bonis of 18-11-64 METHODIST Something with

FOR STATE HEALTH ad within 24 haurs after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page This certificate shauld be executed within 24 haurs after death. If TAL EXAMINER: 5 may be retained far your files.

and with the State Department of event within 72 hours after death.

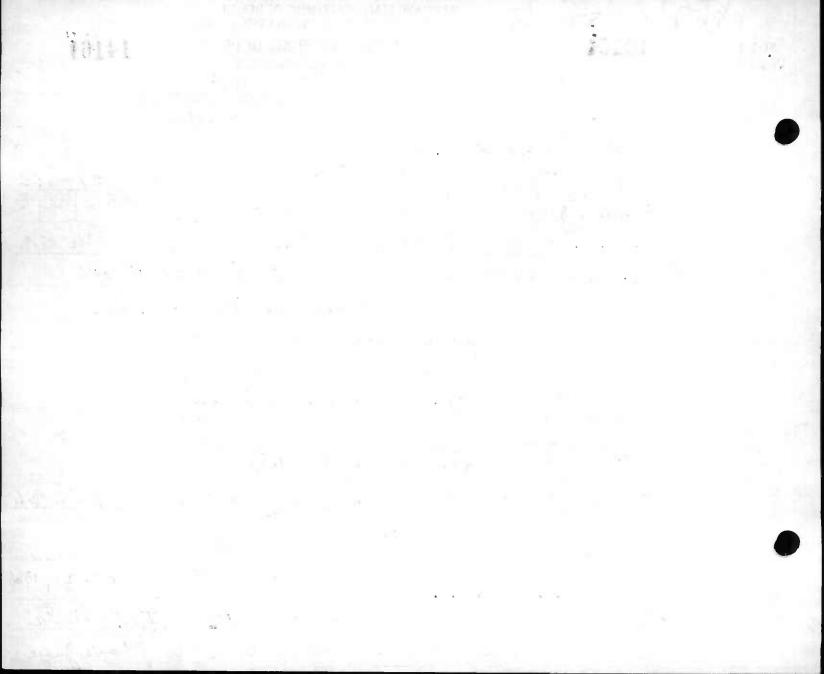
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Health ar its designated agent, priar ta burial, crematian, ar remaval, and in and

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14161	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	14161
1. PLACE OF DEATH o. COUNTY FREGE.	RICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution of STATE b. COI	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write R	URAL ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in	1 1	d. STREET ADDRESS Pural	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ie I. 4	Lost 4. DATE MO OF DEATH OCT	nth Doy Year 2/- 1966
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-23-1-904 9. AGE (In years lost birthday) 62 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	IDE. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (Stote or foreign country) Wa.	12. CITIZEN OF WHAT COUNTRY? U. S.A.
13. FATHER'S NAME. W.	RTZ	14. MOTHER'S MAIDEN NAME. EFFIEMER	dows
1S. WKSDECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of se		- 1) 1 1/-	t. Va,
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: Solution IMMEDIATE CAUSE (o) DUE TO	hande - tila	Splan & Diaphr who collision	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PRIMAR Programmer CONTRIBUTING	11 1	(Enter noture of injury in Port I or Part II of item IB.)	
20c. TIME OF INJURY Month, Doy, Yeor 8 1 500 pm. 10-2 (1966	While Not While	ICE OF INJURY (Home, form, tony street, office bldg., etc.)	h-Indevil-Node
21. I certify that I taak charge a		eld an Autapsy 🔀 , Inspectian 🔲 , Inc	juiry, and in my apinian
death resulted fram: Natural o	auses , Accident Suic	cide, Hamicide, Undetermined r	manner 🗌
SIGNATURE BOLLO	mas)	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type) B.O. Thoma	as. M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	Oct. 21, 1966
230. BURIAL, CREMATION, PERMOVAL (Specify) 23b. DATE THERECO	of 23c. NAME OF CEMETERY OR . 1966 Sunset Memori.	al Park FLBeckle	Torra W. Va.
24. FUNERAL DIRECTOR Elwood M. R. Etchison 4	P	more 250. REC'D BY REGISTRAR 256. T	PCharles Judge

VR A15ME (5) 6M 1/66



/		MARYLAND STATE DEF L RESEARCH AND RECORDS	, 30	1 W. PRES	TON STREET,			MARYLAND
	PLACE OF DEATH a. COUNTY	#1d Film #0302 10/2			DENCE (Where decease	d lived,	- 4	102

	tom	# 1 d P 1 1 m # (+ 4)	3/ 11//	6/00 BC		1 1 1 1 1			
1. PLACE OF DEAT a. COUNTY	тн				CE (Where deceased lived, If instit	tution: Residence before admission)			
	Frederick		ARYLAND	May	ryland	Frederick			
b. CITY OR TOV	WN (if outside corporate li L and give nearest town)	mits, c. LENGTH OF S	STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)			
	Frederick	several	days	Fre	ederick- Rural	10.1			
d. NAME OF HO	OSPITAL OR INSTITUTION (i	f not in hospital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	ederick Memori	al Hospital		Rot	ute 1	YES NO X			
3. NAME DF DECEASED (Type or print)	ALI CATT COL	Middle C.	ma	Devitt	4. DATE Month OF LOC	Day Year 19 66			
5. SEX Male	200 2 1	MARRIED NEVER MAR	Land	Dec • 19-189	last birthday)	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.			
10a. USUAL OCCUPA	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS			ounty & State, or foreign country)	12. CITIZEN OF WHAT			
Milk I	Hauler	INDUSTRY		Frederick	Co. Md.	U.S.A.			
13. FATHER'S NAT				14. MOTHER'S MAID	EN NAME				
Con	rnelius McDevi	itt	-3-1	Fannie	Sponseller				
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY	YNO. 17.	INFORMANT	Address	363 03 03			
No No	(11 yes give war of dates of serv	217-32-575	7 Mr	s. M. Belle	McDevitt- Route	e 1-Frederick-			
	DEATH [Enter only one ca	use per line for (a), (b), ar	nd (c).]		INTERVAL BETWEEN ONSET AND DEATH				
PART I. D	PEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ge	3 days						
443	44 X DUE TO								
Conditions, If		Hypertina	disvoule	u desser	Unbason				
gave rise to cause (a),		//				2012			
underlying cause last. (c)									
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW I	NJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of I	tem 18.)			
정 20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRED		E OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)			
20c. TIME OF Hour a.	.m. 19	While at work at work	Tactor	y, street, office bldg., e	tc.)				
	21. I certify that (I)-(this hospital) attended the deceased from 10/14 1966 to 10/16 1966, that (I)-(we) last								
saw the de	eceased alive on 101	16 1966	_, and that	death occurred at	M, from the causes ar	nd on the date stated above.			
22a. SIGNATU	JRE ()		La XIII			22b. DATE SIGNED			
1	4 Wetter	an	M.D.	. PHYS. 💢 I	MED. STAFF PHYS.	10/16/66			
22c. PHYSICI NAME (1		TBARN		22d. ADDRESS WALKE	PSVILLE, MI	D			
23a. BURIAL, CREI	MATION, 23b. DATE THER	REOF 23c. NAME O	FCEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)			
REMOVAL (Sp Burial	Oct. 19-1		vet Cer	netery	Frederick, 1	Md. 21.701			
24. FUNERAL DIR	ECTOR Elevoor	ADDRESS	Whits	neze 25a. REC	O'D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE			
M.R.Etc	chison & Son	" Frederick	K, Md.	DATE O	CT 19 1966 &	harles Judge			

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deater TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTIC 11.162

	MARYLAND STATE DEPARTMENT OF HEALTH		
CAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	BALTIMORE 1, MARYLAND	
	CEDTIFICATE OF DEATH	4/1403	

			100
	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before admission)
а	COUNTY 4 40 for 6	a. STATE 2 b. COUNTY 2	1. 10
	Truderick MARYLAND	maryland Tile	seuck
b	. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town?	Frederick	10 1
-	1. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		la 10 proiprior
U	7. 1 . 12 . 12 . 1 . 1	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
6	Trederick Memorial Hospital	300 manar Court	YES NO
3. N	IAME OF First Middle	Last 4. DATE Month	Day Year
D	DECEASED	OF	- 11
-	Type or print) Stanley A. Mi	chael DEATH Oct	3 1966
5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. ACE (In years IFUNDER)	
	M WIDOWED DIVORCED 1	0-11-1226	Days Hours Min.
10a. I	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	yis.	TIZEN OF WHAT
durin	g most of working life, even if retired) INDUSTRY		UNTRY?
	Retired merchant	Trederick Ca, -mas	U. S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	700 10: 6 a. miel .00	alian O. Baker	
15 "	Judence W. Judenace	unce J. Daper	
	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no, or unknown) (If yes give war or dates of service)	INFORMANT Address	olia ave,
0.		dney B. michael grederick-	md.
	8. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	y the track	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	1/ - 2	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Coreroscherole	a Helet Persone with	
	4200 DUE TO		
0	Conditions If any which \	1 1.0	2max
	gave rise to Immediate (b)	factor	- Jan
	cause (a), stating the DUE TO	I was in the second of the sec	
	inderlying cause last. (c)		
S P	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY
AT			PERFORMED?
E			YES NO
2	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
CERT	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)		4 110 1 100
- -		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
2	factor	CE OF INJURY (Home, farm, 20f. (City or town) (Cour ry, street, office bidg., etc.)	ity) (State)
MED	p.m. 19 While Not While		
	21. I certify that (I) (this hospital) attended the deceased from	Jan 1055 to 11 1 2 1061	that (I) (we) last
		death occurred at 2 M, from the causes and on the	
2	22a. SIGNATURE	/	TE SICNED
	Henry V. Chara- M.D.	. PHYS. DIRECTOR DIRECTOR PHYS. DI 300	ct 1966
2	22c. PHYSICIAN'S ; //	22d. ADDRESS	" /
i	NAME (Type) Henry // (/ A Ce &	04 Toll House Ave Freder	ick Md
	- Ileling vichase o		
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
0	rurial 10-5-1966 Int. alwet,	emetery Frederick-ma	6.21701
	FUNERAL DIRECTOR CO. ADDRESS MACT	25a. REC'D BY REGISTRAR 25b. RECISTRAR'S	SICNATURE
2	1 frequora.	more wal	
11	N. R. Etchison Don-Frederick-	md, DATE OCT 4 1966 flower	The same of the sa

Stanley to Michael In October 3 116 antervalunte Heat lawne with anyster fully Thomas V. Chase 2391 2132 Henry V. Chase Sty Tell Has Are Lederick In Secretary and the second of th Items 18&21 Film 382 11-7MARYLAND STATE DEPARTMENT OF HEALTH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH 1.155

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PLACE DF DEATH a. COUNTY				titution: Residence before admission)
Frederick	ALADVI AND	a. STATE	b. COUN	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	Maryland	outside corporate limits, wri	erick to RURAL and give nearest town)
		Fre deri		10-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	l Year	d. STREET ADDRESS	.CK	e. IS RESIDENCE
	iospital, give street address)	U. STREET ADDRESS	W	ON A FARM?
225 East Second Street		225 East S	econd Street	YES NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year
(Type or print) HAZEL	ELIZABETH M	ULLENDORE	DEATH October	28 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	10 AGE (In years I	FUNDER 1 YEAR HELINDER 24 HRS
Female White WIDOWED	DIVORCED A	ugust 7, 18	last birthday) 75 yrs.	Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. K	(IND OF BUSINESS OR		ounty & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	NDUSTRY	77. 1	16- 2- 1	COUNTRY?
Housewife 13. FATHER'S NAME		Frederick,		U. S. A.
Charles William Ahalt		Pearl Bo		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Addres	S
	0 26 5292 A Mrs	. C. H. Mag	aha. Frederick	Maryland
18. CAUSE OF DEATH [Enter only one cause per l				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	tenselen	t. 11.	t Diain	ONSET AND DEATH
	and - new	u velle	u ruserse	- guin
Conditions, If any, which	4	/. /	1 /	12 / 51/10
gave rise to immediate	Typerensu	e Curu	NASENEU 1	10 1 701
cause (a), stating the DUE TO				
underlying cause last. (c)				The state of the s
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED?
Per	ual hither	usis		YES NO X
2Da. ACCIDENT WAS UNDERLYING 2Db.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Part I or Part II of	Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ZDc. TIME OF INJURY Month, Day, Year 20d. 1	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, f	arm, 2Df. (City or town)	(County) (State)
2Dc. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor	- Not write	y, street, office bldg., e	etc.)	
			7-1	
21. I certify that (I) (this hospital) attend	led the deceased from	y 1 , 1	954, to 0 4 24	_, 1966, that (I) (we) last
	1966, and that	death occurred at_	B PM, from the causes	and on the date stated above.
22a. SIGNATURE	0	ATTENDING	MED STAFF	22b. DATE SIGNED
1 homes	Some M.D.	PHYS.	DIRECTOR PHYS.	October 29, 1960
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
Thomas E. Sto	one, M. D.	4 West Th	ird Street, Fred	derick, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
Burial Oct.31, 1966	Lutheran Ceme	t.erv	Middletown, M	Marvland
24. FUNERAL DIRECTOR	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
	That That	Land DATE O	CT 3 1 1966 &	Charles Judge
M. R. Etchison & Son, I	rederick, Mary	Take DATE O	OI OT 10A9	00

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executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UERTIFIC	ALE UP DEATH
1. PLACE DF DEATH a. COUNTY Frederick MARYLAN	2. USUAL RESIDENGE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick 54 Yrs.	c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	ress) d. STREET ADDRESS e. IS RESIDENGE ON A FARM?
Frederick Memorial Hospital	636 Trail Avenue
3. NAME DF First Middle DECEASED (Type or print) EMIL KNUDE BOIE NELSO	ON Last 4. DATE Month Day Year OF DEATH October 22, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED N DIVORCED	75 Yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) etired-Electrician 1Db. KIND OF BUSINESS OR INDUSTRY Power Company	11. BIRTHPLAGE (County & State, or foreign country) Copenhagen, Denmark 12. GITIZEN OF WHAT GOUNTRY? U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lars J. Nelson	Bertha Marie Sorsen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT 716 Tradit Ave.
	William C. Nelson, Frederick, Md. 21701
18. GAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS GAUSED BY: IMMEDIATE GAUSE (a) Acute Myo	cardial Infarction 17 hours
4201 DUE TO 1011 L	Maro Shan 11
Genditions, If any, which gave rise to Immediate (b)	years
cause (a), stating the DUE TO	
underlying cause last. (c)	TOPLATED TO THE TENNING DISCOUNTING ON DITION OF THE PROPERTY
PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUTNOT 20a. AGGIDENT WAS UNDERLYING DR GONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND 2
	OGGURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED 20e Hour a.m. p.m. 19 at work at work	e. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (Gounty) (State)
21. I certify that (i) (this hospital) attended the deceased from	n 1000 to 10/22, 1966, that (1) (we) last
	that death occurred a 5:15 M, from the causes and on the date stated above.
22a. SIGNATURE WyRiddick	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. Z DIREGTOR PHYS. 22 Oct 1966
PHYSICIAN'S Willis J. Riddick or NAME (Type) J. R. Poirier, M. D.	22d. ADDRESS Frederick Medical Center
DEMOVAL (Specify)	etery or grematory 23d. Logation (Gity, town or county) (State) Frederick, Maryland
24. FUNERAL DIRECTOR From ADDRESS IN	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Md.	21701 DATE OCT 24 1966 Ocharles Judas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14167

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
Frederick MARYLAND	Maryland Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b 10 Months	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	105 West 14th Street YES ND 🔼
3. NAME OF First Middle DECEASED (Type or print) GEORGE RALPH PEA.	
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDDWED DIVDRCED	26 Jan 1890 last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher (Retired) Railroad	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY? Islip, New York U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank L. Pease	Hattie B. Terry
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 716 07 9432 Mrs	. Sarah D. Pease (Same as item #2)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3 3 1 X DUE TD Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. DEATH WAS UNDERLYING TO CONTRIBUTING TO DEATH BUT NDT RELATED TO CONTRIBUTING TO DEATH BUT NDT RELATED TO CONTRIBUTING TO CONTRIBUTION TO CONTRIBU	TED TD THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	IRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAI 20d. INJURY DCCURRED 20e. PLAI factor 20d. INJURY DCCURRED 20d. INJURY DCCURRED 20d. INJURY DCCURRED 20e. PLAI 20d. INJURY DCCURRED 20d. INJURY DCCU	CE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) James B. Thomas, M. D.	22d. ADDRESS 228 N. Market St., Frederick, Md. 21701
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 10/19/66	Palmyra, New Jersey
M. R. Etchison & Son, Frederick, Md. 21	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OF 10 1966 peliantes Judge

n. n. oreninon Son, Teather M. na. 21701

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feath TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
LATES
CERTIFICATE OF DEATH
14168

_	- had a							-111	
1.	PLACE DF DEATI a. CDUNTY	Freder	ick	MARYLAND	a. STATE	NCE (Where dece aryland	eased lived, 'If inst b. COUN	titution: Residence TY Frede	
	h CITY OF TOW	N /if outside corners	to limite	c. LENGTH OF STAY IN 11			oroto limite wel		
		N (if outside corpora and give nearest to	vn)	C. LENGIN OF STAT IN I	11		*	to KOKAL and gr	o nearest town)
		derick		10 days	N	ew Marke	et	10	- /
	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (If not in	hospital, give street address	d. STREET ADDRESS			1 6	. IS RESIDENCE
					/				ON A FARM?
	Fre	derick Mem	orial	Hospital)	YES NO
3.	NAME DF	F	irst	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	777		01	D 1	OF DEATH	000	1 76	20 66
F			rank	Stuart	Perham	100000000000000000000000000000000000000	Oc.		
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9.		Months Days	
	Male	White	WIDOWE	D DIVORCED	Feb. 5- 18	87	85 yrs.	Months Days	Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (12. CITIZEN	OF WHAT
dur	ing most of work	ing life, even if retire	ed)	INDUSTRY				COUNTRY	?
		Dealer		Antiques	Bradford-	Massach	nusetts		U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MA	IDEN NAME			
	Chand	ller Perham			Elizabe	eth Stua	art		
15.	WAS DECEASED	EVER IN U.S. ARMED FO	DRCES? 16	6. SOCIAL SECURITYND. 17	. INFORMANT		Addres	s	
(Ye	s, no, or unkown)	(If yes give war or dates	of service)	פס מו פספד	16 1 6	-			071
	No		- 5	78-24-7305 N	Irs. Mazie T	 Perhan 	n-New Mai	rket, Md.	• 21774
1	18. CAUSE DF	DEATH [Enter only or	e cause per	line for (a), (b), and (c).]	1				RVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY	1: Fall	man. An.	of une.			ONS	ET AND DEATH
		IMMEDIATE CAUSE	(a)	anary a	nemon				uy
	420	DUE	TO ()	1 (11		- //-	•	1.1	
	Conditions, If		(b) X	Inilkal lend	arellus	200st	2010	ye	NOT
	gave rise to	immediate (V	vous curring o	10000	7 - 00 00			
	cause (a), st	tating the DUE	TO					N	
_	underlying caus	e last.	(c)					9	
5	PART II. OTHER S	IGNIFICANTCONDITI	ONSCONTRI	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASECOND	ITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY
AT								VE	PERFORMED?
읪								YE	s NO
三	20a. ACCIDENT	WAS UNDERLYING TO NG TO CAUSE OF DEA	20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature	of injury in Par	rt I or Part II of	f Item 18.)	
CERTIFICATION	(IF EITHER, ND	TIFY MEDICAL EXAMI	NER)						
	200 TIME OF	NJURY Month, Day,	Voor I 20d	INJURY OCCURRED 120e, P	LACE OF INJURY (Home,	form 1 204 //	City or town)	(County)	(State)
9	Hour a.n			fac	tory, street, office bldg.,	etc.)	city of town)	(County)	(State)
MEDICAL	p.r		While at wo	e silust walle					
-	-					1960 to	10/10	1066 4	at (I) (we) last
			pital) attell	ded the deceased from_			10/10	2, 1990, [[at (I) (We) last
		ceased alive on	101	1966, and th	at death occurred at	LC: JM, HO	m the causes		
	22a. SIGNATUR	RE						22b. DATE SIG	INED
	DA	means	11/1	onion.	ATTENDING X	MED. DIRECTOR	STAFF PHYS.	Oct. 17	7-1966
	22c. PHYSICIA	N'S	100		22d. ADDRESS	DIRECTOR E	J 11110.	0000	1700
	NAME (T)	pe) Dr. Jam	es B.	Thomas		ional Di	de The	doniale	162
		DI • O CILI	60 D.	THORAS	TIOTESS			ederick,	MG
23a	BURIAL CREM	ATION, 23b. DATE	THEREDF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LO	CATION (City, to	wn or county)	(State)
	REMOVAL (Spe	Octobe	n 18 4	6 Mt. Olivet C	emetem	Time	domi -1-	Ma OTEC	\7
24		CTOP	T. TO-0	ADDRESS A DE		EC'D BY REGIS	derick	Md 2170	ATURE
24.			of 7	ADDRESS //	VIII CK				seda .
	M.R.ETC	hison & So	n	Frederick, M	Id . 21701 DATE ()	E 19	1956	Marley !	The state of the s

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rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14169
CERTIFICATE OF DEATH
14169

1. PLACE DF DEATH a. COUNTER derick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, write-RURAL and green earest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Brunswick / 0 - /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 18 East'D' Street	d. STREET ADDRESS Same e. IS RESIDENCE DN A FARM? YES ND
(Type or print)	HILLIPS 4. DATE MONTH 25 Years 6 DEATH 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 White WIDOWED DIVORCED	B. DATE OF BIRTH II/I3/I5 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR\$. Hours Min. Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even in reliped) 1 12 0 Medustry	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U. BUNAY?
13. FATHER'S NAME Lorenzo W. Phillips	14. MOTHER'S MAIDEN NAME Annie E. Himes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT PS. Mary Phillips Brunswick, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	OEECing in 3711
Conditions, if eny, which gave rise to immediate cause (a), stating the	y Salerosis 24no
Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 certification and that	1 22b. DATE SIGNED
22c. PHYSICIAN'S LE Suchaet Jui MID	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
NAME (Type) A TALGETT SRIEF	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 10/28/66 Brownsville	Heights Brownsville Maryland
Feele Tuneral Drame Bruthswick, I	DATE OCT 3 1 1866 galantes Judge

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3.310 Margaret III water .W named All districted

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: the law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, acceptoval, and in any event, within 72 hours after deepth.
he haspital or attending physician. his certificate has been signed by the attending thys etached for use as the burial-transit permit. Then popular at Health prior ta burial, crematian, ascremoval,
refull straws: The law red to the strain of the strain of attending place to the strain of the strai

1417	70		CERTI	FICATE	OF DEATH		n/ H	1	41	711	
1. PLACE OF DEATH				*	2. USUAL RESIDENCE	(Where deceosed I			nce before	e admissian)	1
a. COUNTY F	rederick		MA	RYLAND	o. STATE Mar:	yland	b. COUI	Ho	owar	d	/
b. CITY OR TOWN	(If autside corparate limit	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside carparate li	mits, write RUI	RAL and giv	e neares	t tawn)	Ī
Wille KUKACAI	nd give nearest town)		l week		Rura	al- Mt	. Airy		13	-2	
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospital,	give street address)		d. STREET ADDRESS			100		e. IS RESIDENC ON A FARM	E
Fo	rederick N	ursing	Home		R.F	.D. # 3				YES NO	
3. NAME OF DECEASED		irst	Middle	17-1	Lost	4. DATE OF	Mont	th	Doy	Year	Ī
(Type ar print)	Fl	orrie	E.	Pic	ckett	DEATH	Oc	tobes		19 66	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	B. DATE OF BIRTH	9. AC	GE (In years ist birthday)	IF UNDER Manths	1 YEAR Days	Hours A	HR
Female	White	WIDOWED	DIVOR	ED 🔲	Jan. 26,	1895	71 yrs.	Multilla	Days	110013	
during most of warking	N (Give kind of work done g life, even if retired) Sewife		ind of Business or idustry Own home		11. BIRTHPLACE (County	y & State, or foreign			USA		
13. FATHER'S NAME	DEMTIE		Owi Home		14. MOTHER'S MAIDEN	NAME	y · Mu.		UNA		_
Fra	ncis E. Mul	llinix			Gentry	ude Smi	th				
1S. WAS DECEASED EV (Yes, na, ar unknawn)	(If yes give wor ar dates	af service) 16.	SOCIAL SECURITY NO.		NFORMANT	o, de Dini	Addre	ess			
No			None	W	Donald P	ickett,	Mt.	Airy.		ERVAL BETWEE	=
	te cause (o),	(0)	rterio	Sch	ascular	acci	alenj	insl	GON:	Jene	1 2
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							7	WAS AUTOPSY PERFORMED?	-		
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or Port II	of item 1B.)	1.0			_
p	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 20d. INJURY OCCURRED While of work of wo								,		
saw the o	21. I certify that (I) (this hospital) attended the deceased fram July , 1962 to Cl 3, 1966, that (I) (we) I saw the deceased alive on Oct 3, 1966, and that death/accurred of 3, 1966, fram causes and on the date stated abo										
Be	220. SIGNATURE ROY J. Davis M.D. ATTENDING MED. STAFF 22b. DATE SIGNED OCT 3, 1966										
22c. PHYSICIAN NAME (Typ		. Davi	s, M.D.		22d. ADDRESS Profi	ssional	Bldg.	Fred	derí	ck, Mc	1,
23a. BURIAL, CREMAT REMOVAL (Specification)	ion, 23b. DATE TH	EREOF 6. 1960	23c. NAME OF CE				ION (City or To	1	(County)) (Stote	
24. FUNERAL DIRECT	OR		ADDRESS	o on	apel Meth	D BY REGISTRAR	25b. Rf	GISTRAR'S	SIGNATUR	Judge	-
OLLI	L. Molesw	orth.	Damascus	Ma	DAIL	101	1000			1 0	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Page with the State Department af death. MARYLAND b. CITY OR TOWN (If autside carnarate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. write RURAL and give negrest tawn). d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE 72 haurs alang with farm in Item 18. Give Pages 1, YES TO NO TH This certificate shauld be executed within 24 hours after death. 3. NAME OF Middle First Last 4. DATE Manth Year CHRISTINE OF CHISTINA OF event within DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH last birthday) Months Davs W WIDOWED DIVORCED Office and 2 10a, USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates of service) ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DHE TO Canditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying cause О last. as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? please execute the certificate, NO 10 pe 4 shauld be 20g. EXTERNAL CAUSE WAS agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING O CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) factory, street, office bldg., etc.) Not While 5 may be retained for yaur

TO FUNERAL DIRECTOR: Page
Health ar its designated age at wark at wark the funeral director. Page 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted from: Natural causes [Suicide Accident Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar caunty) 23a. BURIAL, CREMATION, DATE THEREOF (Stote)

VR A15ME (5) 6M 1/66

REMOVAL (Specify) 24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 1966



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prese remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peats.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1/179 1.170

	1000	£								214	G	
1.	PLACE OF DEAT	H .				2. USUAL RESIDENCE	E (Where dece			sidence be	fore adn	nission)
	a. COUNTY	Frederick		MARYL	ANIO	a. STATE Mar	yland	b. COUN	TY F1	reder	ick	
_	b. CITY OR TOW	N (if outside corporate lin	nits.	C. LENCTH OF STAY		c. CITY OR TOWN (If	•	orate limits, wri	te RURAL	and give r	earest	town)
	write RURAL	and give nearest town) Frederick		7 months						11-	/	
_	d. NAME OF HO	SPITAL OR INSTITUTION (if	not in ho		drace)	d. STREET AODRESS	eder.TCk	- Rural		1 0 10	S RESI	OFNCE
					416337					0.0	N A FA	ARM?
		derick Nursin	g Hon				ite 3			YES		VO 20
3.	NAME OF DECEASED	First	5) (6)	Middle		Last	4. DATE	Month		Day	Year	
	(Type or print)	Robe	rt	Raymond		Reifsnider	DEATH		ober	1-	19	66
	SEX	6. COLOR OR RACE 7. N	IARRIED	NEVER MARRIEO	□ 8	. OATE OF BIRTH	9.	AGE (In years			JNDER :	24 HRS. Min.
	fale		IDOWED [DIVORCED		Feb. 8-1886		last birthday)	MOTITUS	Days II	ours	141111.
102	USUAL OCCUPAT	10N (Cive kind of work done ing life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (CO	unty & State,	or foreign country		TIZEN OF UNTRY?	WHAT	
UUI	Retired			mechanic		Carroll Co.	Marvl	and	0	UNIKII	II.S	S.A.
13.	FATHER'S NAM	IE .				14. MOTHER'S MAIDI			1			7 4 2 4 4
	Samue	l David Reifs	nider			Sara Ho	linge	n				
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES	3? 16. 5	SOCIAL SECURITY NO.	1 17.	INFORMANT	TITIE		s Fred	domi o	1- 35.	2
(Ye		(If yes give war or dates of servi		20 27 624	M-	laan Dadd						l.
_	No			9-20-2162A		lson D. Reif	sniaer	-1/03 RC	semor	INTERVA		WEEN
10		DEATH [Enter only one cause EATH WAS CAUSED BY:	se per iir	ne for (a), (b), and (c)	.]	1 -	11 -1		1	ONSET		
	TAKT I. UI	IMMEDIATE CAUSE (a)	ay	cinomo	- 0	f pro-	ala C	wi	lh			
	177X	OUE TO		0	5	60 -1	7			2		
	Cenditions, If		al	neal	20	2 mile	Mas	2-		31	مرا	1
	gave rise to cause (a), s		1		0				6.77	0		
	underlying caus		9									
CERTIFICATION	PARTII. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUT	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL O	ISEASE COND	ITION GIVEN IN	PART 1(a)	19. W	AS AUT	OPSY
CAT	an	emia.								YES		1X 01
TE	20a. ACCIDENT	WAS UNDERLYING	20b. 0	ESCRIBE HOW INJUR	Y OCCU	RREO. (Enter nature of	Injury In Par	t I or Part II o	f Item 18.))		
CER	OR CONTRIBUT	INC CAUSE OF DEATH TIFY MEDICAL EXAMINER)	13.5									
	20c. TIME OF	INJURY Month, Oay, Year	1 20d. IN	JURY OCCURRED 120	De. PLAC	CE OF INJURY (Home, far	rm.l 20f. ((Ity or town)	(Cour	nty)	(St	ate)
MEDICAL	Hour a.ı		While	Not While	facto	ry, street, office bldg., et	(c.)					
M	p.1		at work		-7		12	(a) and 1	/	/	*** *	
		y that (I) (this hospital)	1770	d the deceased fro	om	morel, 19	62, to 6	3 Ct /	_, 196	6, that	(1) (W	e) last
		ceased alive on	30	1966, ar	id that	death occurred at 1	·· 4-My fro	m the causes	and on th	ie date s Ate signe	tated	above.
	22a. SIGNATU	7 /0 - 1	11			ATTENOING N	MEO	STAFF -				
		Henry 1	-(1	rase_	M.0	. PHYS.	DIRECTOR _	PHYS.	Oct	1-1	966	
	22c. PHYSICIA NAME (T	-mal	. 17 (Nho so		22d. ADORESS	(a A	Times i	3	- 3/-2	27.5	707
		Dr. Henry		Chase				veFred				
23a	REMOVAL (Sp	ecify)		23c. NAME OF CE			23d. LO	CATION (City, to	wn or cou	nty)	(Sta	te)
	Burial	Oct. 4-19	66	Mt. Olivet				erick, M				
24	. FUNERAL DIRE	PV / I hard and	-7.	- ADDRESS		noce	O BY REGIS	TRAR 25b. RI	Clar		JRE	•
	M.R.Et	chison & Son		Frederick,	Md.	21701 DATE 00	T = 4	1966	war	Co X	0	

80 Vist will be J ALL PLANTS OF THE PARTY OF THE and the same the same of the s Carcinom of products with Clever Signit matches 3 your most be coch et i Jam & Chron Military Scholar Son . La Manager and the second

FOR STATE HEALTH DEPT.

O DEPUTY MEDIUM. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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	MARY	LAND STATE DE	PARTMENT OF	HEALTH	
Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
14173	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	14173

write RURAL and give nearest town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 615 Fairview Avenue 3. NAME OF DECEASED (Type or print) BLANCHE MARTA SCHADEN DEATH OF SEX OF DEATH OF SEX OF SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX DIVORCED July 6, 1889 77 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) HOILSEWIFE 13. FATHER'S NAME Thomas Oscar Fries 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Iffyet gire war or dates of service) 10 of 177, 177, 177, 177, 177, 177, 177, 177	b. CDUNTY Leheigh te limits, write RURAL and give nearest town) e. IS RESIDENCE DN A FARM? YES NO NO
Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 615 Fairview Avenue 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SCHADEN 4. DATE OF DEATH OF DEA	Month Day Year CTOBER 21 1966 E (in years if UNDER 1 YEAR if UNDER 24 HRS. to birthday) Months Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY?
Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 615 Fairview Avenue 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SCHADEN 4. DATE OF DEATH OF DEA	Month Day Year CTORER 21 1966 E (In years IFUNDER 1 YEAR IFUNDER 24 HRS. it birthday) Months Days Hours Min. yrs. OUNTRY?
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 615 Fairview Avenue 3. NAME OF DECEASED (Type or print) BLANCHE MARTA SCHADEN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SCHADEN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED July 6, 1889 Female White WIDOWED OLORORED July 6, 1889 103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Iffyes give war or dates of service) 1. O. T. T. T. T. INFORMANT	Month Day Year CTORER 21 1966 E (In years IFUNDER 1 YEAR IFUNDER 24 HRS. objects) It birthday) Months Days Hours Min. Fountry) 12. CITIZEN OF WHAT COUNTRY?
3. NAME OF DECEASED (Type or print) BLANCHE MARTA SCHADEN DEATH OF DEATH O	Month Day Year CTORER 21 1966 E (In years IFUNDER 1 YEAR IFUNDER 24 HRS. it birthday) Months Days Hours Min. yrs. OUNTRY?
DECEASED (Type or print) BLANCHE MARTA SCHADEN BEATH 5. SEX 6. COLOR OR RACE White WIDOWED WIDOWED OLOVER MARRIED July 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME Thomas Oscar Fries 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	CTOBER 21 1966 E (in years IFUNDER 1 YEAR IFUNDER 24 HRS. it birthday) Months Days Hours Min. yrs. Ountry) 12. CITIZEN OF WHAT COUNTRY?
Type or print) BLANCHE MARTA SCHADEN BEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRI	E (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY?
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AG 188 198	E (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY?
Female White WIDOWED OLVORCED July 6, 1889 77 103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Thomas Oscar Fries 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 19. 07. 777 (SD.)	ountry) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Thomas Oscar Fries 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 1. 1. 1. INFORMANT	COUNTRY?
13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Thomas Oscar Fries 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unlown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	U. S. A.
Thomas Oscar Fries 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	
(Yes, no, or unkown) (If yes give war or dates of service)	Address
1 1000 1 17000 1 17000 1 1 1 1 1 1 1 1 1	Address ederick, Md.
naroza za penaden or	Fairview Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Suicide - Drowned in private swimming	pool
7/5 × OUE TO	
Conditions, If eny, which gave rise to immediate (b)	
cause (e), stating the OUE TO	
underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(e) 119. WAS AUTOPSY
E PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESIGN BUT NOT REDATED TO THE PERMITTALE DISEASE CONDITION	PERFORMEU
20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert i	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert in Cause of Death.) 20c. TIME OF INJURY Month, Oey, Year Contributing Cause of Death. 20c. Time of Injury Month, Oey, Year Contributing Cause of Injury (Home, farm, factory, street, office bidg., etc.) While Cause of Death. 20c. Time of Injury Month, Oey, Year Contributing Cause of Injury (Home, farm, factory, street, office bidg., etc.) 20f. (City of the Contributing Contribution Contribut	or port if or real zony
20c. TIME OF INJURY Month, Oey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	or town) (County) (State)
Hour a.m. While Not While at work 19 at work	
21. I certify that I took charge of the remains described above, held an Autopsy, inspection [X, inquiry , and in my opinion
	determined manner
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE DE STORMENT MEDICAL EXAMINER	22. DATE SIGNED
DEPUTY MEDICAL EXAMINER	october 22, 1966
EXAMINER'S NAME (Type) B. O. Thomas, Sr. M. D. Address (Street, city, town, or	
REMOVAL (Specify)	TON (City, town or county) (State)
24. FUNERAL OIRECTOR ANDREWS ADDRESS 1 25a. REC'D BY REGISTRA	AR 25b. REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Maryland DATE OCT 24 1	966 Icharles Judge

Appropriate to the state of the field growth and the state of the stat

executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4 4 4 9 33	CERTIFICATI	C OF DEATH	G-10-17-30	14	114
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased	lived, If institution: F	Residence before admission
a. COUNTY Frederick	MARYLAND	a. STATE Mal	ryland	b. COUNTY Fr	ederick
	c. LENGTH OF STAY IN 1b			limits, write RURAL	and give nearest town
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Middletown	1 Month		addock H		10.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		0	e. IS RESIDENCE
Valley View Nursing	Home	Noi	ne		ON A FARM? YES NO
(i) po oi printe)		HRIST	4. DATE OF DEATH	October	26, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IFUNDER birthday) Months	1 YEAR IF UNDER 24 HRS
Male White WIDOWED	DIVORCED A	anuary 12	,1888 last	yrs. Months	Days Hours Will.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber Sel	IND OF BUSINESS OR NOUSTRY I—Employed	Frederic	ounty & State, or for CK CO. Ma		OUNTRY?
John W. Seach	rist	14. MOTHER'S MAID Rach	en NAME ael E. I	ong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no or unknown) (If yes the ways of service) 21	social security no. 17. 8-30-9737 J	INFORMANT John W. Sea	achrist	Address Middlet	cown, Md.
18. CAUSE OF DEATH [Enter only one cause per]	line for (a), (b), and (c).]		•		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	A h and AD	Dec 1.	. 1		ONSET AND DEATH
IMMEDIATE CAUSE (a)	a comun	y well	www		
Conditions If any which \	Aprin Selens	Sie Don	y disea	uso .	
gave rise to Immediate	2	1	,		
underlying course lead	ende is led	+ Henry	bareses	4	
1 (0)	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAVE	DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I o	or Part II of Item 18	3.)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor	Not While facto	CE OF INJURY (Home, fa	erm, 20f. (City	or town) (Co	unty) (State)
21. I certify that (I) (this hospital) attend		pril 1	966, to 0	ex 26 196	26, that (I) (we) las
saw the deceased alive on O	1966 and that	t death occurred at			the date stated above
22a. SIGNATURE J Elme	e Harb M.	ATTENDING &	MED S		PATE SIGNED 66
22c. PHYSICIAN'S		22d. ADDRESS			
NAME (Type) Or. J. Elme	er Harp M.D.	Middle	town, M	aryland.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATI	ON (City, town or co	ounty) (State)
Burial 10/29/66	Mount Olive	et Cemeter	y Fred	erick, Ma	aryland.
24. FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAF	25b. REGISTRAR	S-SIGNATURE.
GLADHILL COMPANY, Mi	ddletown, Mar	ryland DATE O	CT 3 1 191	66 Jelian	and Jung

VR AI5 (4) 20M 1/65

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FOR STAT HEALTH DEPT.

PM3. Page

delay is

with the State Department of event within 72 haurs after death. Health ar its designated agent, priar ta burial, crematian, or remaval, and in any pages 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1417	5	MEDICAL EXAMINER'S	CERTIFICATE (OF DEATH	14175	
1.	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE o. STATE	(Where deceosed lived, if insti	itution: Residence I	before odmission)
	,	rederick	MARYLAND	Mary	Land (arroll	
		f outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write		
	Ridgevi.	LIE, Rtown	and the sage	Rura	1Mt. Airy	7	0602
		AL OR INSTITUTION (If not in I		d. STREET ADDRESS	"		e. IS RESIDENCE ON A FARM?
	Rura	L Mt. Air	У	Rt.	# 2		YES NO
3.	NAME OF DECEASED	First	Middle	Lost	OF.	onth	Doy Year
	(Type or print)	EVA		HIPLEY	DEATH OC	T. 8,	1966
1	SEX		MARRIED 🔼 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)		AR IF UNDER 24 HRS. Dys Hours Min.
_	female	1122200	IDOWED DIVORCED	Dec. 8, 1	912 53 yrs.		ors min.
100	. USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZE	N OF WHAT
uoi	ing most of working l	ife	home	Mary	land	Ü.	Ŝ.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN			
		Louis E.	Hall	Blanch	e E. Hatfi	.eld	
		R IN U.S. ARMED FORCES? (If yes give war or dotes of serv		INFORMANT	Ad	ldress	
(1	no	(ii yes give wal or doles or serv		Jas. O.Sh	inley, same	as # :	2
	18. CAUSE OF DE	ATH (Enter only one couse pe					INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary 0	cclusion			ONSET AND DEATH
	4201	DUE TO					
	Conditions, if ony,		Arterioscleroti	c heart d	isease		
	rise to immediate stating the under						
	lost.	(c)_					
z	PART 11. OTHER SIG	SNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(o)		19. WAS AUTOPSY
CERTIFICATION	N						PERFORMED? YES NO
FE	20o. EXTERNAL CAL		20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)		
	PRIMARY Or CON CAUSE OF DEATH.	ITRIBUTING L.					
MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	m, 20f. (City or town)	(County	(Stote)
MED	Hour o.m	10	While Not While of work	ory, street, office bldg., etc	.)		
	Print		the remains described obove, he	ld an Autonsy	Inspection 🔀, In	quiry 📆,	ond in my opinion
	deoth result			ide [], Homicide			ond in my opinion
		. 00		CHIEF MEDICAL		monner	
	ACTUAL SIGNATURE	30 /hur	mas		DICAL EXAMINER	1 1	22. DATE SIGNED
	EXAMINER'S	D 11 94	0-14		AL EXAMINER 3	010/16	h
	NAME (Type)	19:01 9V	omarila	- Address (Stree	et, city, town, or county)	10/6	Y
230	BURIAL, CREMATIO		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	Town) (Co	unty) (Stote)
	BURTAL (Specify)	10-11-1		ve	Mt. Airv	Marvl.	and.
24	C.M.Walt	Bor 01.4	ADDRESS	2So. REC	D BY REGISTRAR 2Sb.	REGISTRAR'S"SIGN	ATURE
	O • III • M QT (24) DUX 241	,Sykesville,Md.	DATE	OCT 13 1966	Milian	ces judge

VR A15ME (5)

FOR STATES

delay is

State Department of hours ofter death

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page Health or its designoted agent, prior to burial, cremation, or removal, and in any event with 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wi necessary, please execute the certificate, writing the ward "pending"

TAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MED

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4176

i	4176		MED	ICAL EXAMINE	R'S CERTIFI	CATE O	F DEATH	141	76
	OF DEATH				2. USUAL	RESIDENCE (V	Vhere deceased lived, if inst		befare admission)
o. COU	Fred	erick		MARYLA		laryla	nd	Frede	
		autside corporote limit	s,	c. LENGTH OF STAY IN		TOWN (If ou	tside carporate limits, write	RURAL and give n	earest tawn)
WIII	Adam	ive nearest tawn) ISTOWN		lmo. 7das	B Ad	lamsto	wn	10.1	
d. NAN	AE OF HOSPITAL	OR INSTITUTION (If no	at in haspital, g	ive street address)	d. STREET	ADDRESS			e. IS RESIDENCE
	Box 2				Во	x 24			ON A FARM? YES NO X
3. NAME DECEA		Fin	rst	Middle	Last		4. DATE M	lanth	Day Year
(Type	ar print)	Steve	en	Lewis	SIMMO	NS		ober	5 19 66
S. SEX		S. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B	IRTH	9. AGE (In years		EAR IF UNDER 24 HRS. ays Hours Min.
Ma.		aucasian	WIDOWED	DIVORCED		st 196	66 yrs	01 1	3
		Give kind af work done e, even if retired)		ND OF BUSINESS OR DUSTRY		,	ar fareign cauntry)	COLIN	N OF WHAT
NA	st at working int	o, even in retired)		NA	Mary]	and,	Montgomery	Co. US	
13. FATHE	ER'S NAME					R'S MAIDEN N			
Jol	hn A. S	immons J	r.		Anita	Brasl	nears		
IS. WASI	DECEASED EVER I	N U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. INFORMANT			ddre Adamst	own MD
NO.	ar unknown) (If	yes give war ar dates o	of service)	Δ.	Antte	Dogol	nears Simmon		Own, In.
	CAUSE OF DEAT	TH (Enter only one cou			AILLOS		nears primon	5	INTERVAL BETWEEN
1		WAS CAUSED BY:	T	nterstitial	Drawnond				ONSET AND DEATH
	106	IMMEDIATE CAUSE	1 /	HOGISCICTAL	. rneumon,	.a			
Candi	itions, if any, w	DUE DUE							
	o immediate	(0) 02110	(b)						
statir	ng the underly		TO						
last.)	(c)						
PART	II. OTHER SIGN	IFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES X NO
PRIM	EXTERNAL CAUS IARY or CONTI E OF DEATH.		20b. DE	SCRIBE HOW INJURY OCCU	IRRED. (Enter nature	af injury in F	Part I ar Part II af item 18.)		LEM C
7		/ Manth, Day, Year	20d. IN	JURY OCCURRED 20	De. PLACE OF INJURY	(Hame, farm	. 20f. (City ar town)	(County	y) (State)
WED	Hour o.m. 19 While Not While at work at work					ice bldg., etc.)			(3.0.0)
21	1. I certify	that I toak charge	e of the rem	noins described abay	e, held on Auto	psy K	Inspection , In	nquiry ,	and in my opinian
	death resulted from: Natural causes X, Accident , Suicide , Homicide Undetermined monner								
		001	10	٠		IEF MEDICAL			
SIGN	JAL IATURE	2:0-0	her	221,			CAL EXAMINER		22. DATE SIGNED
EXAN	WINER'S E (Type)	B.D.	300	mas h	O DE	PUTY MEDICA Idress (Street,	L EXAMINER city, tawn, ar caunty)	5 October	er 1966
23a. BURI	IAL, CREMATION,	23b. DATE THE		23c. NAME OF CHMETER	RY OR CREMATORY		23d. LOCATION (City or	Tawn) (Co	ounty) (State)
Bur	14 (Specify)	10/10	166	Arlington	National		Arlington	,	Va
24. FUNE	ERAL DIRECTOR	Tilnamen and an of	Ya a a la I	ADDDECA		2Sa. REC'D	BY REGISTRAR 2Sb.	REGISTRAR'S SIGN	ATURE
473	39 Balt	imore Ave	Hyat	tsville, Md	•	DATE O	CT 11 19\$6	Milarl	es Judge

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SECTION OF THE REAL PROPERTY OF THE PROPERTY O

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Frederick the 1 Pages 1 Frederick a. STATE Md MARYLAND CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in opers. Par hours a Frederick Da Ridge Rockv d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS bon papers within 72 Hospital Frederick Memorial etely 3. NAME DE First Middle Last DATE Month 4. DECEASED complet ve carb event, v Kippe (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. any White T88 Female WIDDWED [DIVORCED T q 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR physician n please r .= 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Housewife Home Baltimore City Own Md 13. FATHER'S NAME MOTHER'S MAIDEN NAME transit permit—Then cremation, of remove гетоу Maben Unknown James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mediabw 50 (Yes, no, or unkown) (If yes give war or dates of service) Skinner. Thurmont. No Raymond 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by t the burial-transit or to burial, crams PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use a te Dept. of Health p CERTIFICAT 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING
DR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NDTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, | 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After While Not While retained by p.m. at work at work the S 21. I certify that (I) (this hospital) attended the deceased from Oct 1966 to 0 CT 30 DIRECTOR: Jage 3 should 19.66, and that death occurred at 3.455M, from the causes and on the date stated above. saw the deceased alive on 3 showith 22a. SIGNATURE page ATTENDING DIRECTOR PHYS. Page 4 may PHYSICIAN'S TO FUNERAL 22c. 22d. ADDRESS director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)

Nov

Raymond

e. IS RESIDENCE

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

U.S.A

Lane

19.

DATE SIGNED

(County)

22b.

Fredk.

25b. REGISTRAR'S SIGNATURE

Frederick.

1966

REC'D BY REGISTRAR

Cem.

Thurmont

25a.

YES

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO VI

(State)

(State)

ON A FARM?

1966

NO X

VR A15 (4) 1/65

death.

hours

within

executed

death certificate

The law requires that the

O HOSPITAL

Laura Gustava Skipper Oct 30 de reach following the second anteriorallante Heart browning with congesting forling LAte. arening be to love more police and more Oct 50 66 Cot 30 66 Henry V. Cham 804 Toll How How Laboration The first consist of the first consists of the first configuration of the f Lander Committee Committee

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14178

14175 :	CERTIFICATI	OF DEATH		14178
1. PLACE OF DEATH a. COUNTY Trederick	MARYLAND	a. STATE	b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Walkerwille	c. LENGTH OF STAY IN 16	Baltin	utside corporate limits, write R	URAL and give nearest lown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	V	4.46 Jorne		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) FLORENCE	LILLIAN ST	EWART 4	DATE Month OF DEATH Octob	17
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE	THE TEN MANNED	date of BIRTH Lec 120, 190.	9. AGE (In years IF last birthday) 60 yrs.	Aonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired)	IND OF BUSINESS OR INDUSTRY	Balterwore	& State, or loreign country)	12. CITIZEN OF WHAT COUNTRY
	LUM SOCIAL SECURITY NO. 17. IF	Catherine	E. Chiples	1
(Yes, no, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per	Ine lor (a), (b), and (c).]	alfred C. X	Teun, 406 Le	Pl. Fred. M. Interval Between ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause tast. (c)	yocardial in	unfream	e of	24 leour
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	tus			19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Par	t I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. While Hour a.m. 19	e Not While facto	CE OF INJURY (Home, larm, ry, street, olfice bldg., etc.)		(County) (State)
21. I certify that (I) (this hospital) attentions the deceased alive on 10/19	nded the deceased from	(19/3	M, from the causes ar	, 196, Ihat (I) (we) land on the date stated above
22a. SIGNATURE Octobor	м.	<u> </u>	D. STAFF	22b. DATE SIGNE 10/20/6
22c. PHYSICIAN'S NAME (Type) E.A. DETTBA		Valleer Waller		(.
238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) BURIAL 10/22/66	Chestnut	Grove	Baltimare	- co, md
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D		Charles Judge

O HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death cermicale be executed the funeral death. Page of the property of the hospital of attending physician.

O PUNERAL ARCTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. Page TO FUNERAL VR A15 (4)

TO HOSPITAL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremetion, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1170 14174

					444	
1. PLACE OF DEATH a. COUNTY			11	CE (Where deceased lived, If in	stitution: Residence	e before edmission)
Frederic	k	MARYLAND	a. STATE Mary	land b. COUNT	Freder	ick
b. CITY OR TOWN (if outside	corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write	RURAL and give n	earest town)
write RURAL and give ne	K rown)	years	Fred	erick		10-1
d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS			. IS RESIDENCE
	th Market Str	eet	216	South Market S	treet	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day	Year
	MARGIE	•	STRANSBURG	DEATH Octo	ober 30,	1966
5. SEX 6. COLO	OR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years Jast birthdey)		IF UNDER 24 HRS.
	nite WIDOWED		April 24. 18		Months Deys	Hours Min.
10a. USUAL OCCUPATION (Give	kind of work 10b. KIN	D OF BUSINESS OR INDUST		nty & State, or foreign country)	12. CITIZEN OF	WHAT COUNTRY
done during most of working life, Homemaker	N N	lone		ork Co. Penn.	U.S.A	•
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
George W. Kna	an		Harriet Le	land		
15. WAS DECEASED EVER IN U.S.		OCIAL SECURITY NO. 17.		Address		
(Yes, No unkown) (Ifyesgivew	217	-48-8576 M ₂	. Herbert L.	Strawsburg, Sr.	Freder	ick.Md.
18. CAUSE OF DEATH [E				1		RVAL BETWEEN
PART I, DEATH WAS CA	AUSED BY:	Titeruraler	the heart	disurge	ecuts ON!	SET AND DEATH
1/201	DUE TO		Rostini	disuse à disuse à disconstruction my orantis	I infrared	17
Conditions, if eny, which	3 (6)	acute as	alith:		-	Roun
geve rise to immediate ceuse		occure as	inginma			- 60 42
(e), steting the underlying	DUE TO				JA 51	
Cause last.	ANT CONDITIONS CONTI	DIRITING TO DEATH BUT N	OT BELLATED TO THE YERLIN	NAL DISEASE CONDITION GIVE	NI INI DART 16-14 10	WAS AUTORSY
OF PART II. OTHER SIGNIFIC	ANI CONDITIONS CONTI	KIBOTING TO DEATH BUT N	OI KELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	1700	PERFORMED?
<u>√</u>					Y	ES NO
PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUSI IIF EITHER, NOTIFY MEDICAL	E OF DEATH	RIBE HOW INJURY OCCURR	ED. (Enter neture of injury in	n Part I or Pert II of item 18.)		
3 20c. TIME OF INJURY Me	onth, Day, Yeer 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	n, 20f. (City or town)	(County)	(State)
Y 20c. TIME OF INJURY Mo	While	Not While fee	ctory, street, office bldg., etc	.)		
- Print		,	1975	10 10 2	//	400 4 0 0 4
21. I certify that (I) (this hospital) attende	ed the deceased from		19, 10 10 - 3	R, 19.6.6, th	at (I) (we) last
	on	19	death occurred at.	M, from the causes ar	nd on the date	
22a. SIGNATURE	Rman	tu		MED. STAFF PHYS.	October	30, 1966
22c. PHYSICIAN'S NAME (Typa) Dr	. Rex R. Mart	tin M.	D. 22d. ADDRESS 220 Nort	h Market Stree	t Freder	cick, Md.
23e. BURIAL, CREMATION, 23b	. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, low	n or county)	(State)
DEMOVAL (Specify)	1-2-1966	Mount Olivet	Cemetery	Frederick, M	aryland	
24 TUNERAL DIRECTOR'S GIONA		ADDRESS		O'D BY REGISTRAR 256. REG		
Robert E. Dai	Tey & Son	Frederick, M	aryland DATE N	OV 1 1966 2	Charles	Judal

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Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1418	30	MEDIC	AL EXAMIN	NER'S	CERTIFICATE C	OF DE	ATH	1418	U	
	o. COUNTY Fre	ederick		MAR	YLAND		yland	b. COU	NIY Frede	rick	on)
	b. CITY OR TOWN (write RURAL and Frederic	If outside carparate limits, d give neorest town) CK		Yrs.	IN 1b	c. CITY OR TOWN (If a	utside corp		RAL and give ne	rest town)	
		AL OR INSTITUTION (If not cins Acres	in hospitol, give	street oddress)		d. STREET ADDRESS 4-A	Watk	ins Acres		e. IS RESID ON A FA	DENCE ARM? NO XX
	NAME OF DECEASED (Type or print)	Firs EDNA		Middle	TAN	Lost NENBAUM	4. DAT		ctober	Doy Yes	or 66
F	sex emale	White	7. MARRIED WIDOWED	NEVER MARRIEI DIVORCEI	-	B. DATE OF BIRTH 10 March 18	397	9. AGE (In yeors last birthdoy) 9. yrs.	Months Day		Min.
dur	ing most of working House-	(Give kind of work done life, even if retired) -WOTK		of Business or Stry Home		11. BIRTHPLACE (Stote Marylar	nd	country)	12. CITIZEN COUNTE		
13.	FATHER'S NAME	Franklin McA	hee			14. MOTHER'S MAIDEN Liza Fu					
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates of	16. 500	CIAL SECURITY NO. 0123		NFORMANT S. Albert K.			ndbergh ick, Md	-	01
		e couse (a), rlying couse	Con	/W/R/ /W/V/V/ gestive		AMH4// H///AMH toFailure neration a	#14# nd f	Hyllotto I	/	INTERVAL BET' ONSET AND D	PEATH
MEDICAL CERTIFICATION	20o. EXTERNAL CA PRIMARY 🗆 or COI					THE TERMINAL DISEASE COL				19. WAS AUTO PERFORMI YES 🔀	DPSY ED? NO
MEDICAL CI	Hour o.n p.n	n. 19	While of work		foct	CE OF INJURY (Home, form ory, street, office bldg., etc.		. (City or town)	(County)	(Stote)
		y that I taok charge ted from: Natural B.O.Thoma	causes X,	Accident [Id an Autopsy [X], ide [], Homicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICA Address (Stree)	EXAMINER DICAL EXAM AL EXAMIN	Undetermined m	onner 🔀	22. DATE	SIGNED
	BURIAL, CREMATIC BREMOVAL (Specify	ON, 23b. DATE THER 10/20/	EOF	23c. NAME OF CEMI		Cemetery	Fre	LOCATION (City or To	wn) (Cou aryland	nty) (Si	tote)
24	M. R. E	tchison & Sc	on, Free	derick, M	ld.		D BY REGIS	9 1966 RE	GISTRAR'S SIGNA	TURE Jud	ge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH the fundada 2 should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY Frederick b. COUNTY Frederick Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Frederick vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? 304 West 12th Street 304 West 12th Street YES NO K paper 3. NAME OF Middle October THOMAS MARY CORDELIA 66 (Type or print) withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. dast birthday) White Female. August 25, 1876 WIDOWED TX DIVORCED [гетоув 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Homemaker None Libertytown. Fred. Co. Md. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Catherine Davis ā William Henry Boyer Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. Annie Tonactice) (Yes, no, or unkown) (Ifyesgivewarordatesofservice) 212–50–7724 Address Miss Catherine A. Thomas 304 W. 12th St. Fred. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** gave rise to immediata cause DUF TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO D 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Slate) 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED | factory, straet, office bldg., etc.) While Not While Hour a.m. at work at work the deceased alive on...... 22b. DATE 22a. SIGNATURE death. Page 4 10-5-1966page with t PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S 228 N. Market St. Frederick. Maryland Dr. James B. Thomas M.D. 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) D F Frederick. Maryland Mount Olivet Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick. Maryland 20M 5-63

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) and 1. a. COUNTY b. COUNTY a. STATE completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after Frederick Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Middletown Rfd. 1 Life Rural Middletown Rfd. 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS executed within Month 3. NAME OF First Middle Last 4. DATE DECEASED Toms DEATH October 19, (Type or print) Bessie Mae AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH 9. remove 5. SEX 8. last birthday) and any 58 WIDOWED J DIVORCED Female White Nov. 7. 1907 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) physician = D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician. and Brunswick, Md. Own Home Housewife or removal. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phi it permit. Then John W. Bowlus Mary E. Haupt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT FUNERAL DIRECTOR: After this certificate has been signed by the atten irector, page 3 should be detached for use as the burial-transit permit. nould be filed with the State Dept, of Health prior to burial, cremation, or i (Yes, no, or unkown) (If yes give war or dates of service) No. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE director, page should be filed ATTENDING M.D. PHYS. DIRECTOR PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 2 Burial 10- 22- 66 Lutheran Cemetery 24. FUNERAL DIRECTOR

Address Grayson G. Toms Middletown Rfd. 1, Md. INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO Z YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (County) (State) 20f. (City or town) and that fleath occurred at 6.P. M. from the causes and on the date stated above. 22b. DATE SIGNED LOCATION (City, town or county) (State) Middletown, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE John H. Bast, Jr. 112 N. Main St. Boonsboro Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

Months

Day

12. CITIZEN OF WHAT

U. S. A.

COUNTRY?

e. IS RESIDENCE

ON A FARM? YES X NO

19 66

Hours

VR A15 (4)

CATAL THE REPORT OF STREET 70 / 1 100 Em. 1. 100 Em. 2 the contract of the contract o January . The same of the same And the total and the second second and the second second

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1418	3		CERTIFI	CATE	OF DEATH		14]	[83		
	Frederick		MARYL	AND	2 STATE	CE (Where dece	ased lived, If instituted b. COUNTY	V	reder	
	WN (if outside corporate Land give nearest town PICK		c. LENGTH OF STAY 3 Weel	KS	c. CITY OR TOWN (IF		orate limits, write	RURAL a	nd give ne	arest town)
	ospital or institution ck Memoria			idress)	d. STREET ADDRESS Carroll	St.			e. IS ON YES	RESIDENCE I A FARM?
3. NAME DF DECEASED (Type or print)	AHANDA	st	Marie	V	Last ALENTINE	4. DATE OF DEATH	Month Octor	ER	Day	Year 1966
5. SEX Female	White	7. MARRIED WIDOWED	DIVORCED		une 24,18	395	AGE (In years IF last pirthday) wrs.	lonths [Days Ho	urs Min.
	TION (Give kind of work d king life, even if retired WLIE	one 10b. K	IND OF BUSINESS OR NOUSTRY Home		Maryla	nd	or foreign country)	COL	IZEN OF W JNTRY? USA	HAT
John	D. Fitez					en name	Whitmon	re		1
(Yes, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	(CES? 16. service)	SOCIAL SECURITY NO.		informant .rl Valent	ine	Address	am,	Md.	
	any, which	(a) CE	REBRAL	TH	ROMBOSIS ARTERI	OSCLE	PROSIS			BETWEEN ND DEATH
Cause (a), underlying cau	stating the DUE	NS CONTRIBU			TED TO THE TERMINAL C			1-17-		S AUTOPSY FORMED?
20c. TIME OF Hour a.	INJURY Month, Day, Y		Not While	0e. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (0	City or town)	(Coun	ty)	(State)
21. I certi	ty that (I) (this hospiceased alive on IRE	(tal) attend (10 / 14 (C.	ed the deceased from 19 66, at		death occurred at ATTENDING PHYS. 22d. ADDRESS Toll Hous	MED. DIRECTOR	STAFF PHYS.	nd on the 22b. DA	e date sta TE SIGNED	166
23a. BURIAL, CREI REMOVAL (SI Burial	10-17-	-66		r Ce	or crematory	Rock	y Ridge	Fr	ed.	(State) Co Md
29. FUNERAL DIR	116	Ray	nondadoness Crahurmo	reag			1966 REG	lary	SIGNATUR	see.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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VR A1S (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 / 1 C / 1

73703		CERTIFICATE	OI DEATH	1410	34						
1. PLACE OF DEA •. COUNTY F	rederick	MARYLAND	2. USUAL RESIDENCE (W	b. COUNTY	fion: Residence before edmission) Frederick						
write RURAL e	(if outside corporate limits, and give nearest town) rederick	e. LENGTH OF STAY IN 1b 26 years	c. CITY OR TOWN (If outsider	da corporate fimits, write RUR/ ick	AL and give neerest town)						
	08 West 4th	ot in hospital, give street address) Street	d. STREET ADDRESS 108 We	st 4th Street	IS RESIDENCE ON A FARM? YES NO X						
3. NAME OF DECEASED (Typa or print)	First NELSON		TTTTTTTTT	ATE Month OF October	Day Year 13, 1966						
5. SEX Male	White	MAKKED ET HEAFK MAKKED	December 7, 189	2 9. AGE (In years left) AGE (In years last birthday) Age 73 yrs.							
dona during most of Retired B	ATION (Give kind of work working life, even if retirad) rush Maker	None	Pennsylvania	ate, or foraign country) 12	U.S.A.						
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME								
Ira Whit			Amalia ?								
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or datas of sarv	ical	. Josie M. Whit	beck 108 W. 41	th St. Fred.Md.						
Conditions, if a gava risa to imme (a), stating the cause last.	undarlying DUE TO	arteris-Sel	erdial info		onset and death 72 hours.						
ICATIO		ONS CONTRIBUTING TO DEATH BUT NO			PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	FY MEDICAL EXAMINER)										
ZOc. TIME OF IN Hour a.m	•		ory, straet, offica bldg., etc.)	f. (City or town)	(County) (State)						
1 - 5 - 5	21. I certify that (I) (this hospital) attended the deceased from										
Cha	Charles H. Couley, M.D. ATTENDING MED. STAFF 10-13-1966 SIGNED										
22c. PHYSICIAN NAME (Typ		H. Conley, Jr. M.	D. 22d. ADDRESS D. 228 N. Mark	et St. Freder	rick, Maryland						
Burial (Space	10-16-196			. LOCATION (City, town or Hansonville, I	county) (State) Frederick Co.Md.						
HODETT E	- Have	ADDRESS Frederick, Ma		REGISTRAR 256. REGISTR	ar's signature						

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pvent within 72 hours ofter death.

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Heolth or its designated agent, prior to buriol, cremation, or removal,

MARYLAND STATE DEPARTMENT OF HEALTH

			HICAL KESEA	IKCH AND RECOR	(D2, 301	W. PRESTON STRE	ti, BAL	IIMORE, MARY	LAND 21	201		
	1418	5	MED	ICAL EXAMIN	VER'S	CERTIFICATE O	F DEA	TH ;	418	5		
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece	osed lived, if institu	ition: Reside	nce befor	e odmissio	on)
	o. COUNTY	Frederick		MAD	/LAND	o. STATE Maryl	and	b. COI	JNTY H	eder	i ole	
-	b. CITY OR TOWN (f outside corporate limit	ts	c. LENGTH OF STAY I		c. CITY OR TOWN (If au		rate limits write Pl				
	write RURAL one	aive negrest tawn)					,			ec ileates		,
_	mural	Emmitsburg		3 yr	5.		ar -	- Emmitsb	urg		IC PECIE	/
		AL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS		.,		'	e. IS RESID ON A FA	
		R.D.1					R.	.D.# 1			YES 🗌	NO K
3.	NAME OF DECEASED		irst	Middle		Lost	4. DATE	Moi	nth	Doy	Уес	31
	(Type or print)	Alv	in	Joseph	Wi	lkinson	OF DEAT	H Oct. 3	, 196	6	19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years			IF UNDER	
	Male	White	WIDOWED	DIVORCE	A	ug. 1, 1929		last birthday) 37 yrs.	Months	Doys	Haurs	Min.
100	. USUAL OCCUPATION ing most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote	or fareign	country)	12. C	ITIZEN OF	WHAT	
uur	Mason	inte, even il terried)	Bri	ck Mason		Baltimore	, Mar	yland	Ü	S.A		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
		George W.	Wilkins	on		Mildre	d Ken	mka				
15.	WAS DECEASED EVE	PINILS APMED FORCES	16 1	OCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress -			
()	Yes	(If yes give wor or dotes 1947	of service) 21	8-26-2273	Ge	orge W. Wil	kinsc	n. Smith	hurgh	Md.	RD	#2
_		ATH (Enter only one co							D CLE P		ERVAL BET	
		WAS CALLSED DV		Carbon	Mono	vi da				ON:	SET AND D	EATH
	9731	DUE		Oct DOIL	110110	AT CIC				1		
	Conditions, if ony,		(b)									
	rise to immediat	e couse (o),	1							+		
	stoting the under	lying couse	(c)									
		CANELLANT CONDITIONS		O DEATH OUT NOT BEL	ATED TO T	HE TERMINAL DISEASE CON	IDITION CU	JEN IN DART I/)		110	WAS AUTO	VDCV
NO.	PART II. UTHER SI	SNIFICANT CONDITIONS (CONTRIBUTING I	O DEATH BUT NOT KEE	AIED IO I	HE TERMINAL DISEASE CON	IDITION G	VEN IN PAKT I(d)			PERFORME	ED?
S	DO- EVIENNAL CA	HET WAS								УE	ES	NO W
CERTIFICATION	20o. EXTERNAL CA PRIMARY 20 or COI CAUSE OF DEATH.		20b. DE	CRIBE HOW INJURY OF	CCURRED. (Enter noture of injury in I	Port I or P	ort II of item 18.)				
MEDICAL		IRY Month, Doy, Yeor		JURY OCCURRED		E OF INJURY (Home, farm		(City or town)	(Co	ounty)	(:	Stote)
ME	2 : 30 n	Oct. 190	66 While	Not While of work	tocto	ry, street, office bldg., etc.)						
	21. I certify	that I took charg	e of the rem	nains described ab	ave, hel	d on Autopsy 🔲,	Inspec	tian , Inc	uiry 🔲,	and	in my	opinion
	death result	ed fram: Natur	al couses	, Accident	Suici	de 🚮 , Homicide		Undetermined r	nanner [7	,	
		- 1				CHIEF MEDICAL				_		
	SIGNATURE	3 Och	ove	13						Oct	22. DATE . 1	SIGNED 1966
	EXAMINER'S NAME (Type)	B. O. Jh	a mi	5. h.S		DEPUTY MEDICA Address (Street		R 🔀) n, or county) 🖼	ederi			
230	BURIAL, CREMATIC			23c. NAME OF CEME	TERY OR (REMATORY	23d. I	OCATION (City or T	own)	(County)	(51	tote)
	Burial Specify	Oct. 6	, 1966	Lutheran	Chur	ch Cemetery	Wolf	sville.	Washi	ngto	n Co.	Md.
24	. FUNERAL DIRECTO	Read		ADDRESS		2So. REC'D	BY REGIS	TRAR 2Sb. F	EGISTRAR'S	SIGNATUR	Ε	

Emmitsburg, Md.

DATE

Marles Judg

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Clarence E.

Tilson

& Wilson

382 11-7-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY PM3. Poge Frederick Maryland Frederick of MARYLAND delay Department b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Sabili and give negrest town) after 25 rural Sabillasville Vrs. rural d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form pencil in Item 18. Give Poges 1, hours Own Home Stote YES IN NO This certificate should be executed within 24 hours ofter death. Office olong with 3. NAME OF First Middle 4. DATE Last Month Year DECEASED OF the Ralph B. Working Oct. 10 66 within (Type or print) 19 DEATH with S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 98 68 birthday) Hours 1966 white male WIDOWED DIVORCED Oct. event ond 2 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Laborer Railroad COUNTRY Maryland ward "pending" in pencil in the Chief Medical Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olive Krise John Working File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na grunknawn) (If yes give war ar dates af service 215-09-6974 removal, Mrs. Gordon Stottlemyer Myersville Md Congestive heart failure 18. CAUSE OF DEATH (Enter anly one cause per line, for (a), (b), and (c).) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (a) icote, writing the ward be forworded to the Ch cremation, DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). Arteriosclerotio disease DUE TO stoting the underlying cause 0 Myocardial infarction 05 last. buriol, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION certificote, YES TO NO pe 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) prior 3 should PRIMARY ar CONTRIBUTING 4 should CAUSE OF DEATH. its designated agent, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. While Nat While factory, street, affice bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Poge at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry [and in my apinion funeral director. death resulted fram: Natural causes X Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, M.D. NAME (Type) Address (Street, city, tawn, ar caunty) the 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 BEHOVAL (Specify) 10-13-66 Green Hill Cem. Waynesboro. Penna. 2Sa. REC'D BY REGISTRAR E. Wreager 25b. REGISTRAR'S SIGNATURE Raymond VR A15ME (5) Thurmont. Md. DATE OC 6M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. W. PRESTON STREET, BALTIMORE 1, MARYLAND

			TE.				

	1418				CERTIF	ICATE	OF C	DEATH	4		141	87			
1. PLACE OF DEATH a. COUNTY								2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
		YLAND	a. STATE Maryland b. COUNTY Frederick												
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							R TOWN (II	f outside	corporate	llmits, wri	te RURAL	and give	nearest	town)
		Frederick			2 days					Frede:	rick		1	0 -	1
		PITAL OR INSTITUTION				address)	d. STREET	ADDRESS					е.	IS RESI	DENCE ARM?
_		derick Memo		Hosp				Rou					YI		10 D
3.	NAME OF DECEASED (Type or print)		rst rnie		Middle	v	Last oung		OF.	TE	Month	ober	Day	Year	66
5.	SEX	6. COLOR OR RACE	7. MARRI	ED 🗆	NEVER MARRIE	- 1 -		BIRTH		19. AGE (In years II	F UNDER		10	
	Female	White	WIDOW		DIVORCE		June 1	- 189	95	last b	Irthday)	Months	Days	Hours	Min.
10a dur	. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 101	. KIND C	F BUSINESS O	R	11. BIRTH	IPLACE (C	County & S	tate, or forei		12. CI	TIZEN O		
	Homema	lker		Own :				lerick						U.	S.A.
13.	FATHER'S NAM						14. MOTH								
		d Stockman						Cla	ara Z	immerr	nan				
15 (Ye	. WAS DECEASED E s, no, or unkown)	VER IN U.S. ARMED FO (If yes give war or dates o	RCES?	16. SOCI	AL SECURITY N	0. 17.	INFORMANT				Address	Fred	eric	k.Md	
	No			213-	24-8072	Mrs	. Thom	as P.	Gre	en-306	Sher	rman .	Ave.		
		DEATH [Enter only on		er line fo	or (a), (b), and ((c).]							INTER	VAL BET	WEEN
	PART I. DE	PART I. DEATH WAS CAUSED BY: My Colored & Leavingensalion Zhais										15			
2	4201	4201 DUE TO (1)											,		
		conditions, If any, which gave rise to Immediate (b) Caranary (Felesser & Frefar)									LRays				
	cause (a), st	cause (a), stating the DUE TO Coronary Scheroes 15									in				
NO	PART II. OTHER S	IGNIFICANTCONDITIO		IBUTING	TO DEATH BUT	NOT RELAT	ED TO THE T	ERMINAL	DISEASE	ONDITION	GIVEN IN P	PART 1(a)	19.	WAS AUT	OPSY
CERTIFICATION		Liveral	ereo	o a	leres	200	PARAC	0,5					YES	PERFORM	10 3
TIF	20a. ACCIDENT	WAS JINDERLYING T	/ 1 20h		RIBE HOW INJU				f Injury I	n Part I or	Part II of	Item 18.)		
	(IF EITHER, NOT	NG □ CAUSE OF DEA TIFY MEDICAL EXAMI	NER)												
CAL		NJURY Month, Day,	Year 20	d. INJURY	OCCURRED		E OF INJUR			f. (City or	town)	(Cour	nty)	(St	ate)
MEDICAL	Hour a.n		at v	vork 🔲	Not While at work	Tactor	y, street, on	ice piug., c	.,						
		y that (I) (this hos	ital) atte	ended th	e deceased	from	10er	74.1	966	to C	Jet-1	1. 196	5 tha	t (f) (we	e) fast
		ceased alive on	100	- 1	1966	and that	death occu	urred at 5	:45 M	from the	causes a	and on th	ne date	stated	above.
22a. SIGNATURE LAUGHT Bruce M.D. ATTENDING MED. STAFF PHYS. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. PHYS.										FF _	22b. DA			,	
	22c. PHYSICIA	N'S	va	1/10	Jour	Ø_M.D.	PHYS.	DDRESS	DIRECTO	R PH	rs.	UCU	• 1.4.	-196	0
	NAME (Ty	pe) Dr. A.	ralbo	t Br:	ice				, Mar	ryland	2179	55			
23a		ATION, 23b. DATE	THEREOF	230	. NAME OF C	EMETERY				LOCATION			nty)	(Sta	te)
	REMOVAL (Spe		-1966	St	. Luke	s Cem	eterv			'eagav					
24			1		ADDRESS 7	100-1	wee.	25a. RE	C'D BY R	EGISTRAR	25b. RE	GISTRAR'S			
	M.R.Etcl	nison & Sor	1	Fr	ederick	/		DATE ()	CT 1	7 191	66 2	Clear	les,	udg	-

VR A AI5 (4) M I/65 Tip I was not been a first the second of the